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Worldwide Report

EPIDEMIOLOGY

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4 February 1985

WORLDWIDE REPORT

EPIDEMIOLOGY

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INTER-AMERICAN AFFAIRS

BRIEFS

CARICOM HEALTH OFFICIAL--Dr Mervyn Henry has been appointed as Health Programmes Adviser at the Caricom Secretariat with effect from November 1. He takes over the Health Desk formerly held by the late Dr Philip Boyd. According to a release from the Secretariat, prior to his appointment Dr Henry was attached to the Pan American Health Organisation and the World Health Organisation through which his services were made available. Dr. Henry's career spans more than 30 years, the earlier part of which includes practice in U. K. hospitals. After serving as Chief Medical Officer in Trinidad, Dr. Henry, in 1975, was named PAHO/WHO country representative in Guyana and spent three years here before going on a similar assignment to Barbados. [Text] [Georgetown GUYANA CHRONICLE in English 17 Nov 84 p 8]

CSO: 5440/021

BAHAMAS

INCREASED DEMAND BRINGS SHORTAGE OF FLU VACCINE

Nassau THE TRIBUNE in English 22 Dec 84 p 1

[Text]

THERE is a shortage of the influenza vaccine in the Bahamas because of an increased demand for 'flu shots this year.

A spokesman at Nassau Agencies Limited, which imports a "limited amount of the drug each year," said that her company purchased the usual quantity this year - between 10 and 20 vials - but it has "apparently been used up."

She said the drug is not an item that has been in great demand in the past. Nassau Agencies had to throw away what was not used last year.

She said that there are about five or six doctors who buy the drug from the her company for their offices.

The Nassau Agency spokesman said there is no shortage with the suppliers in the United States and Canada. It was just that the Nassau

company did not reorder because "there was no call for it."

She said the vaccine is normally purchased around October for the cold season when influenza is easier to contract.

"Well, I know there is a shortage," confirmed a spokesman at a branch of Lowe's Pharmacy.

He referred The Tribune to the Palmdale Branch of Lowe's, where Mr Carroll Sands said that the vaccine is a peculiar type of drug which "has to be pre-booked by the manufactur-

er and it is a non-returnable item."

Mr Sands said that the 'flu vaccine "strain" is changed every year by the manufacturers in Canada and the US.

He said that ordinarily not too many Bahamians buy the vaccine, but this year the company has had more calls than in previous years.

He said that he tried to obtain some more of the drug in Miami from the wholesalers this week but they did not have any more and he would not be able to get any more until next year.

"It is manufactured each year and if it is left over it is no good due to the change in the strain," he said.

Mr Sands said that his company would normally order about 50 vials of flu vaccine, which is about 500 doses and is

"plenty for the Bahamas."

He said what is left over of the vaccine, which is expensive, cannot be returned to the manufacturer as it can no longer be used.

"There has been more calls for it this year than there has been in previous years," Mr Sands said.

A spokesman at Cole's Pharmacy said he did not know about the shortage because "we don't carry any vaccine at all."

In the meantime many residents are coughing and sneezing from a 'flu infection that is going the rounds.

BANGLADESH

MALARIA EPIDEMIC IN CHITTAGONG HILL TRACTS

Dhaka THE NEW NATION in English 1 Dec 84 p 1

[Text] Chittagong, Nov 30--Cerebral malaria has broken out in an epidemic form in Hill Tract districts, according to a report reaching here.

According to an official estimate, three percent of the entire three lakh tribal population of the area die of the disease every year while the Settlers' Zone is facing depopulation threat due to the outbreak of the disease.

About 3500 families have already left their newly found hearth and home in the Hill Tracts as the disease has already taken a heavy toll.

The 3500 desertee families were among the 9000 families who were rehabilitated in different Settlers' Zones in Bandarban eistrict in the last two years.

The members of the law-enforcing agencies are not even immune to the disease as a number of them has fallen prey to the killer disease recently.

The temperature of a cerebral malaria patient rises up to 110 degrees causing instantaneous death. The exodus from the Settlers' Zones in the districts of Chittagong Hill Tracts continues as the disease turns uncontrollable in the absence of adequate medical facilities, Lack of communication network is attributed as the main reason for rushing medical aid to the affected areas.

When contacted, the Medical Officer of Longadi Upazila under Rangamati district admitted that the 80 percent of the patients treated at his hospital are affected by malaria.

There is no anti-mosquito operation undertaken in those districts during the recent past. The mosquito menace which went unabated in and around 5500 square mile areas of the Hill Tract districts has caused outbreak of the cerebral malaria in an epidemic form, according to medical source.

The officials and the members of the law enforcing agencies have been advised to take preventives along with them when they were required to go to the affected areas.

CSO: 5450/0059

BANGLADESH

BRIEFS

RANGPUR LEPROSY OUTBREAK--Dec 1--Leprosy is alarmingly spreading in various parts of Rangpur and Nilphamari districts for the past few years. According to a survey about 75 thousand people of both sexes are suffering from this disease in these districts. Of them about 50 thousand are in Nilphamari alone. Some International Organisations are treating these lepers in Nilphamari Baldipukur and Mithapukur for a long time. But due to inadequate arrangements to keep the lepers in segregated places they are moving freely in the society. Moreover, at the initial stage of attack by the disease, most of the lepers never go to the doctors for treatment and ultimately when the situation reaches beyond control they rush for treatment. Appropriate measure are necessary to find out ways and means in order to launch house to house survey and check this alarming spread of the disease. [Text] [Dhaka THE BANGLADESH OBSERVER in English 3 Dec 84 p 9]

GASTROENTERITIS DEATHS--Tangail, Nov 24--Twenty-nine people died of gastroenteritis in Tangail district from Sept 22 to Nov 8, according to a report of the Civil Surgeon, Tangail. Of the total death toll, 18 were reported from Tangail Sadar Upazila, 9 from Bhuapur, one from Basail and one from Delduar Upazila. Besides these, according to an unofficial report, 5 people died in Kalihati, 2 in Gopalpur and 2 in Nagarpur Upazila. The Civil Surgeon also said that 73,928 people were inoculated and 1590 packets of oral rehydration salt, 196 saline bags and 10,000 water purifying tablets were distributed throughout the district as preventive measures. [Text] [Dhaka THE BANGLADESH OBSERVER in English 26 Nov 84 p 11]

CHOLERA; GASTROENTERITIS DEATHS --About three hundred and fifty people were attacked and 38 persons died of cholera in Tangail district during the last two months. The Civil Surgeon of Tangail, however, maintained that it was not cholera but gastro-enterities. According to his office source, out of the total deaths, 18 were reported from Tangail sadar upazila, 9 from Bhuapur, one from Delduar and one from Bashail upazila. Besides, according to the District Flood Control room, five persons died at Kalihati, and according to an unofficial report two persons died in Nagarpur and two in Gopalpur upazila. The Additional Civil Surgeon told that 73,923 people were inoculated and 1590 packet of oral rehydration salt, 196 saline bags and 10,000 water purifying tablets were distributed throughout the district as preventive measure. [Text] [Dhaka THE NEW NATION in English 17 Nov 84 p 2]

CHOLERA IN DEWANGANJ--Jamalpur, Nov 15--Cholera broke out in the flood-hit areas of Dewanganj upazila in an epidemic form recently. While visiting the affected areas this correspondent found that no effective measures were taken to check the disease. The UNO of the Dewanganj upazila visited the affected areas and distributed relief materials no doubt, but that was inadequate according to the local people. [Text] [Dhaka THE NEW NATION in English 17 Nov 84 p 2]

JAUNDICE DEATHS REPORTED--Ishurdi, Nov 16--Jaundice has broken out in an epidemic form throughout Ishurdi upazila and elsewhere during the last several months in Pabna district. Nearly 2,000 people have so far been attacked with jaundice. According to information available so far 50 persons mostly pregnant women and children, died of this disease. [Text] [Dhaka THE BANGLADESH TIMES in English 17 Nov 84 p 2]

CSO: 5450/0058

CANADA

\$30 MILLION BUDGET REDUCTION FOR MEDICAL RESEARCHERS NOTED

Toronto THE GLOBE AND MAIL in English 30 Nov 84 p 4

[Article by Joan Hollobon]

[Text]

Medical researchers in Canada will get \$30-million less next year than in 1984-85 unless the federal Government comes up with more next spring.

The Medical Research Council was allocated \$153-million in research grants last year, but \$30-million of this was a supplementary amount that the previous Liberal government never included into the MRC's base budget.

Increases to meet inflation can only be calculated on the base budget, so the MRC is forced to work with a budget of about \$128-million for next year's grants.

Russell Wunker, chief of staff in federal Health Minister Jake Epp's office, said the minister only became aware of the problem within

the past week.

He said the previous government accepted the principle of a five-year plan for financing the MRC but, by failing to include the supplementary amount into the base budget, the former government "created expectations that there was funding above the base level ... but didn't say where they were going to get it for the latter three years."

MRC president Pierre Bois said: "It is a very difficult situation at the moment, but not yet tragic. If by March or June we have nothing it will be tragic."

Dr. Bois said that, since the money was not included in the base budget, it cannot be regarded technically as a cut, but if the \$30-million is not available this year, "there will be a reduction not only

in new grants but also in our other programs. \$30-million is about 17 per cent of our budget, which is a substantial amount."

Dr. Bois said the new Government has not yet had time to address the MRC's position, but that "Mr. Epp is very supportive and I'm sure will do everything possible to readjust our situation."

Mr. Wunker said every effort is being made to resolve the matter, but time will certainly not permit any additional funds above the current \$128-million base for next year to be available by February, when the Government's estimates come down.

If the Government decides to make a supplementary grant to MRC, it would not likely be until March or April.

CSO: 5420/12

CANADA

LUNG CANCER STUDY IN URANIUM REFINING TOWN 'INCONCLUSIVE'

Toronto THE GLOBE AND MAIL in English 27 Nov 84 p 26

[Article by Christie McLaren]

[Text]

A federal-provincial study of lung cancer in the uranium refining town of Port Hope, Ont., is too narrow in scope to be meaningful, critics say.

But a scientist who headed the \$100,000 study disagrees. Although its results are inconclusive, he said yesterday, more studies would probably not shed any more light on the situation.

The study, led by two epidemiologists from Queen's University and released by the Ontario Ministry of Health, found that no conclusive link can be drawn between lung cancer in Port Hope residents and radon-gas contamination in their homes.

Ninety per cent of the 27 lung cancer cases studied could be attributed to cigaret smoking, a correlation consistent with the national average, it says.

But the study was "far too narrow in scope," said Pat Lawson, a Port Hope resident who has pushed for health studies of the small Lake Ontario town.

Although she has not read the study, Mrs. Lawson said, from what she has read and heard of it, "I don't think it's in sufficient depth to come to any conclusion."

Douglas Andrews, a retired University of Toronto nuclear engineer, said a study of leukemia might have been a better way to test whether radiation in Port Hope is damaging peoples' health.

Beta gamma radiation (gamma rays) is a principal cause of leukemia, just as alpha radiation (radon gas) is a principal cause of lung cancer, Prof. Andrews said. Both types are present in Port Hope where radioactive wastes from Eldorado Nuclear Ltd. have been disposed of.

A study testing only lung cancer could be confused by the presence of smoking, which is also a principal cause of lung cancer, he said. Researchers should use "an indicator which is worth something, and I think leukemia would be a better indicator than lung cancer."

However, Dr. Ronald Lees, one of the epidemiologists, said in an interview that lung cancer was selected because it is the disease with "the highest probability of showing an effect" from low-level radiation. (Dr. Lees and Dr. Robert Steele were told to study lung cancer by a joint federal-provincial committee which laid the groundwork for the study.)

"I just cannot see that further studies are going to be more effective or produce a more positive result than the study that was done," Dr. Lees said. It would be extremely difficult to study leukemia in Port Hope because far fewer people have it.

The study began in 1980 after residents expressed concern over a perceived high rate of cancer and other health problems in the town of 10,500.

CSO: 5420/12

CANADA

ABORTION FOES' CAMPAIGN AGAINST RUBELLA VACCINE DISCUSSED

Toronto THE GLOBE AND MAIL in English 1 Dec 84 p 14

[Article by Murray Campbell]

[Text]

Public health officials in Ontario are worried that a campaign by anti-abortionists to stop the use of a vaccine against German measles (rubella) will hinder the fight against the disease.

Supporters of the anti-abortion movement are asking that use of the vaccine be stopped because it is manufactured with the aid of cells cultured from the lung tissue of a human fetus aborted 22 years ago.

They say the use of the vaccine is offensive. A prominent Toronto Roman Catholic theologian, however, says he is not sure that use of the vaccine is against Catholic teaching. The Archdiocese of Toronto is studying the issue.

The vaccine is approved by the World Health Organization and health authorities in many countries.

Anne Marie Montgomery, a spokesman for the Ministry of Health, said immunization of children is needed to fight rubella, which causes fever, rashes and aches and pain.

In one out of every 10,000 cases, the disease can be fatal. It can also cause inflammation of the brain and leave a child mentally retarded.

Ms Montgomery said that, in addition, nearly one-quarter of women who contract rubella in the first three months of their pregnancy deliver babies that suffer from retardation and bone defects.

She noted the irony in the situation since the incidence of rubella is considered grounds for an abortion by hospital therapeutic-abortion committees. The Canadian Pediatric Society has said that children should not be allowed to enroll in school until they can prove they have been vaccinated against the disease. Immunization is a provincial responsibility.

For the past two years, Ontario law has provided for the compulsory immunization of all students — including those attending separate schools — although there are grounds under which parents may claim exemption for their children.

Health Minister Keith Norton said recently that 80 per cent of Ontario's 1.47-million students have been assessed and 93 per cent of these have been immunized.

The issue of the controversial vaccine arose with the recent publication of *The Interim*, which bills itself as "Canada's national pro-life newspaper."

The paper said the vaccine used in Canada results from work, by a Stanford University professor in 1962, which used the lung tissue of an aborted Swedish fetus. The WI-38 strain of diploid cells derived from the lung tissue of this single fetus is used to grow a virus, which is then purified for use as the vaccine.

Dr. Ronald Gold, head of infectious diseases at Toronto's Hospital for Sick Children, said it is impor-

tant for critics to realize that no fetal tissue is present in the vaccine. He called WI-38, which has been used in Canada since 1979, "a very important vaccine at this point in time."

He said the incidence of rubella in Canada is at an all-time low and that he was worried that people might stop taking the vaccine because they are afraid of it.

Ms Montgomery said the ministry has received many letters protesting against the vaccine as a result of the initial article in *The Interim*.

Spokesmen for Campaign Life and the Metro Toronto Right to Life Association said the use of the vaccine — even though it is manufactured with the aid of cell tissue from only one fetus — is morally repugnant.

Rev. Jack Gallagher, director of the Cardinal Carter Centre for Bioethics in Toronto, said, however, that he could see no reason why the vaccine should not be used.

According to the Ministry of Health, there have been 289 reported cases of rubella in Ontario this year, down from a recent high of 1,185 in 1983.

In 1964, there were 11,276 reported cases, although the average number throughout the sixties was about 4,000.

Ms Montgomery said most of the cases this year concern teen-agers who missed the immunization programs now being conducted.

CANADA

RISE IN MEASLES, DECREASE IN HEPATITIS B REPORTED

Toronto THE TORONTO STAR in English 17 Dec 84 p C3

[Text]

OTTAWA (CP) — The Health Department has reported that measles cases across the country have increased by about 50 per cent over the last year.

Statistics released in the department's weekly diseases report last week show that about 4,000 children contracted measles in the first 10 months of 1984, up from 2,668 cases reported in 1983 and four times higher than in 1982, when about 1,000 cases were reported.

"It's significantly up over the last few years," said Dr. Alastair Clayton, head of the department's centre for disease control.

Clayton said although the once-common childhood disease used to strike children under 5 years of age, the majority of cases reported in 1984 were in children aged 5 to 9.

The main reason for the change is that younger children are now being immunized before entering school while many already in the school system haven't received the vaccine, he said.

And he feels the number of cases could be reduced if immunization were mandatory across Canada. Now, only Ontario and New Brunswick have legislation requiring children to be immunized against childhood diseases such as

measles, mumps, and whooping cough.

Clayton said the increase could stem from a number of factors, including a possible outbreak of the disease in remote areas where people haven't been immunized or the possibility of the disease entering the country with immigrants.

Before the vaccine was introduced in 1963, there were about 20,000 cases of measles in Canada each year, affecting 500 of every 100,000 Canadians. The rate now is about 18 of every 100,000 Canadians, he said.

Measles is also on the rise in the United States, despite the U.S. government's attempt to eliminate the illness through mandatory immunization.

The U.S. statistics also show an increase in hepatitis B, an infectious viral disease that can lead to death from liver cancer or cirrhosis, said Clayton.

The report says incidence of the disease has risen steadily, to about 200,000 infections a year, even though the preventive vaccine has been available for two years.

Clayton said the number of Canadians contracting the virus has declined slightly this year, with 1,666 cases reported by the end of November, compared to 1,940 in 1983.

CSO: 5420/12

CANADA

FIFTH MENINGITIS CASE REPORTED IN NORTH YORK

Toronto THE TORONTO STAR in English 18 Dec 84 p A6

[Article by John Keating]

[Text]

A 17-year-old North York student has been confirmed as having meningitis, the city's fifth reported case of the disease this year.

The youth, whose identity hasn't been released, takes Grade 11 and 12 classes at Northview Heights Secondary School. City health officials sent home letters with 85 students, warning them to report any unusual signs of illness to their doctors.

North York's health department has received about 20 calls since Friday, one from Simcoe, Ont. Most of the calls were from students in neighboring schools concerned they might be at risk, said Ella Findlay, who manned the phone lines.

But health department spokesman Peg Folsom said the disease is not that highly contagious.

"It has to be direct contact to get it," she said, giving as an example exposure to a lot of coughing and sneezing.

The student was confirmed yesterday as having a bacterial form of meningitis, a disease that inflames the membrane surrounding the brain and spinal cord.

He has been in hospital since last week, receiving treatment with antibiotics and "is on his way to recovery," Folsom said. The student's family is also receiving antibiotics as a precaution.

Bacterial meningitis can be fatal in 10 per cent of cases, although most teenagers have built up an immunity to the disease. It causes fever, severe headaches and vomiting, along with lethargy and sleepiness.

A viral form of the illness, which strikes in late summer or early fall, can also cause severe headaches and fever, but is relatively harmless.

North York recorded four cases of meningitis last year; seven cases in 1982.

If you need more information, call 224-6355.

CSO: 5420/12

CANADA

SOURCE OF LEGIONELLA AT WINDSOR HOSPITAL UNDETERMINED

Windsor THE SATURDAY WINDSOR STAR in English 29 Dec 84 p A3

[Text]

Hotel Dieu officials are still trying to pinpoint the source of legionella bacteria that have affected at least five patients since last summer.

"It's still a bit of a mystery what the problem is," Dave Baker, Hotel Dieu's assistant executive director, said Friday.

The hospital's oxygen systems were tested for the bacteria last week but results are not yet available.

Baker said no new cases of legionnaire's disease have shown up at the hospital.

The Star revealed in November that an 83-year-old woman who had died at the hospital that month had legionnaire's disease and that four other women contracted the disease at the hospital.

THE DISEASE is similar to pneumonia, and bacteria which cause it

are thought to be common in the water supplies of institutions.

Legionella bacteria were found in shower heads at the hospital, but Baker said the hospital cannot prove all the patients who contracted the disease used the showers.

However, the hospital is expected to complete the task of flushing its water system with hot water this weekend.

Water at a temperature of 77C (170F) will kill the bacteria.

Showers on the third and fourth floors of the newest portion of the hospital have already been flushed with hot water and shower heads have been replaced.

The bacteria are dangerous to people in an already weakened condition suffering from respiratory problems.

Guidelines are now being drawn up to ensure that board members of the Metro Windsor-Essex County Health Unit are told of situations such as the presence of legionella bacteria at Hotel Dieu.

SEVERAL BOARD members said in November they had been told nothing of the situation by Medical Officer of Health Dr. Joseph Jones.

Windsor Ald. Tom Toth, a member of the health unit board, said he wants guidelines to stipulate that Dr. Jones tells at least the health unit chairman of situations like the one at Hotel Dieu.

Toth said he also wants a City Council representative on the board informed of any such situations if they occur in Windsor.

Toth said he is not sure whether the public will automatically be informed because such news might cause a panic.

However, Baker said there has been no panic at Hotel Dieu since news of the legionnaire's disease leaked out and that only two people, both of whom were scheduled for elective surgery, cancelled the surgery.

George Stomp of Kingsville, the current board chairman, said people he has talked to about the matter did not want to know about the presence of legionella because they did not want to worry about something more than being sick and in hospital.

"I'm only going in reference to what I hear from the public," Stomp said.

When asked the status of the Hotel Dieu investigation, Stomp said he did not know.

CSO: 5420/12

DOMINICA

BRIEFS

GASTROENTERITIS OUTBREAK--Roseau, Dominica (AP)--The Dominican Government has urged residents to boil drinking water, following an outbreak of gastro enteritis apparently caused by water-pollution as a result of recent heavy rains on the island. The Government statement said the Central Water Authority reported it had been unable to treat all the water systems on the island adequately with chlorine following the torrential rains accompanying Hurricane Klaus.
[Text] [Georgetown GUYANA CHRONICLE in English 24 Nov 84 p 4]

CSO: 5440/022

FIJI

SYPHILIS EPIDEMIC SWEEPING FIJI

Auckland THE NEW ZEALAND HERALD in English 8 Dec 84 p 12

[Text] Syphilis in Fiji is flaring into an epidemic and, according to doctors, the reported cases are just the tip of the iceberg.

The incidence of gonorrhoea has also increased but, while reported cases are three times as high as for syphilis, the doctors say the quick acceleration in the syphilis rate makes it even more alarming.

A total of 501 cases of syphilis were reported last year. Ten years ago there were none.

A recent Fiji Medical Association seminar was told that only 5 percent of the country's private doctors obeyed public health regulations by notifying the Health Department of cases encountered by them.

The rest did not do so because of pressure from their patients to preserve secrecy.

Dr Rajat Gyaneshwar, an obstetrician and gynaecologist at the Colonial War Memorial Hospital in Suva, said that about 300 cases were detected by routine screening of the 5000 women who attended the hospital's maternity clinic each year.

"If we are finding so much syphilis in pregnant women because we are screening part of the pregnant population, the mind boggles as to what we might find if we screened the population at large," he said.

The country had an epidemic on its hands, he said.

"We think that in Fiji at the moment half the infertility among families is related to pelvic inflammatory diseases caused by sexually transmitted diseases," he said.

The spread of the disease is being blamed on a combination of changing moral standards, tourism, prostitution and ignorance.

But syphilis is hitting mainly at the Fijian population and according to the health services this may be due to the success achieved 20 years ago in wiping out yaws among the Fijian community.

Yaws is closely related to the syphilis organism. It causes huge, festering ulcers but is not sexually transmitted.

It used to affect entire village and regional populations but there have been only two reported cases since 1968 thanks to a massive immunisation campaign.

But its elimination has also lowered resistance to syphilis.

Most of the reported cases are in Suva, but doctors fear the disease is spreading rapidly throughout the country.

A doctor at the venereal disease treatment clinic in Suva said 20 to 30 new cases were being recorded each week.

"We can do very little about tracing contacts, although this is vital," he said.

"Our main problem is transport--most contacts live outside town and we have not got any transport to move around."

The Minister for Education, Dr Ahmed Ali, is trying to encourage more sex education in schools.

He said this was necessary to teach children how to cope with the changing standards of society.

But the schools were ignoring the need of what he called "the neutrality of secularism."

CSO: 5400/4341

FINLAND

CONCERN OVER AIDS LEADING TO NEW RESEARCH

Doctors Cannot Discriminate

Helsinki HELSINGIN SANOMAT in Finnish 29 Dec 84 p 10

[Article by Hilikka Piirto: "Finnish Researchers Insist Physicians May Not Discriminate Against Carriers of AIDS Virus"]

[Text] The attitude toward carriers of the AIDS virus has become a problem in Finland, too, although only a few dozen have been found who have caught the infection.

Dentists fear patients who are said to be carriers of the AIDS virus. Patients who carry the infectious hepatitis B virus can likewise be turned away. They are not treated, even though treatment is supposed to be the dentist's responsibility regardless of the patient's disease.

The responsibility to administer treatment is considered clear by Antti Vaheri, professor of virology, and Sirkka-Liisa Valle, a specialist in skin and venereal diseases who has done research on the diseases of homosexuals.

The physicians' conduct is nevertheless understandable, in their opinion. Attending physicians and also dentists are in danger of catching the infection from patients who carry the viruses.

The possibility of infection is based on the fact that the hepatitis B virus and the AIDS virus (HTLV-III) can also be spread in saliva as well as in sexual intercourse and through the blood. Knowledge of the discovery of the AIDS virus in saliva is quite new, and it has alarmed physicians and laymen in places other than Finland as well.

Together with virologist Jukka Suni, Antti Vaheri has developed a Finnish antibody test with the help of which just under 30 carriers of the AIDS virus have been found in our country. In addition, more than ten suffer the prodromal symptoms of AIDS or have been taken ill by the disease.

Vaheri estimates that there are hundreds--perhaps a thousand--carriers of the AIDS virus in Finland. Only a small group of patients has been tested.

Hepatitis B More Common Than Thought

The blood of all blood donors in Finland is tested for the presence of hepatitis B antibodies. If antibodies are found, it is a sign of viral infection, and the blood is not used. On the other hand, not enough of the test substance for the AIDS virus is ready yet to suffice for general use.

Sirkka-Liisa Valle states that signs of the infectious hepatitis virus turn up in only 0.4 percent of the blood donors in Finland. Thus the risk of catching hepatitis has been considered very slight up until now.

It was not known previously that in Finland, too, hepatitis B infections are considerably more common in homosexuals than in the rest of the population. It is now known that roughly one-third of the homosexuals examined have symptoms of hepatitis B.

The hepatitis B virus can cause inflammation of the liver. Although the disease is cured in a few months, the viruses remain in the organism of about 5 percent.

"In my opinion, it would be very good for all dentists to get themselves vaccinated for hepatitis B," suggest Sirkka-Liisa Valle. Special lecturer Stina Syrjanen, a dentist who participates in AIDS research, holds the view that it is also important to shed light on how common hepatitis B viral infections are among Finnish dentists.

AIDS Virus Does Not Disappear

Professor Antti Vaheri says that the hepatitis B virus is very resistant but the AIDS virus, on the other hand, is destroyed more easily outside the organism. It can be killed, for example, in a 25-percent alcohol solution.

Then again, the AIDS virus has one deplorable characteristic: apparently it does not disappear from the organism which has caught the infection. Those who have once been infected by the virus are thus perpetual possible sources of the infection.

"The AIDS virus belongs to the so-called retroviruses, and they have the ability to integrate into the genome in man."

Although the AIDS infection spreads most readily in sexual intercourse by homosexuals or by means of blood transfusions, the disease does not appear in homosexuals alone. One woman who caught the viral infection has turned up in Finland.

"That there are other modes of dissemination is supported by the fact that in places in Central Africa the AIDS virus can be found in 5 percent of the population, and in women and children as well," states Vaheri.

Protection Important

Antti Vaheri, Sirkka-Liisa Valle and Stina Syrjanen are of the opinion that dentists and other doctors have a clear chance of catching the AIDS viral infection or the hepatitis B infection from their patients unless the doctors protect themselves properly.

On the other hand, the chance is considerably less that the next patient in the dentist's office, for example, will become infected.

Thus it would always be worthwhile for all dentists to protect themselves well from possible infections. A mouth mask, glasses, hair protector and gloves should be used, and one should be careful with sharp instruments.

"After all, the dentist cannot stand in the doorway and ask each patient about his sexual habits," says Valle. "Besides that, every Finn also has the right to receive dental care when he needs it. Therefore, instead of weeding out patients, one must choose to protect oneself while treating each patient."

However, dentist Stina Syrjanen considers it impossible for all dentists to be able to protect themselves adequately in their offices against the AIDS virus and the hepatitis B virus. The nature of the work prevents it.

"At any rate, without an assistant it is impossible for the dentist to work in such a way that he does not pass the virus to the surroundings, for example, when he picks up new instruments. Even if he has an assistant, complete protection in every office is difficult. It is cumbersome to perform all phases of work with gloves on. Even a small cut on your hand can result in your getting an infection from the patient's blood," says Syrjanen.

Complete protection against bacteria and viruses which are spread through the air would virtually require an outfit resembling a space suit. When the turbine drill is used and tartar is removed, saliva, bacteria and viruses spread to the skin, hair and the breath.

In Syrjanen's opinion, what is needed in Finland is an infection polyclinic--associated with each university dental clinic--for dental patients who suffer from infectious diseases. Special polyclinics would decrease the possibility of disseminating infections, although dissemination could not be halted entirely. After all, it cannot be guaranteed that carriers of infectious viruses will go for dental treatment to the place intended precisely for them.

"It would also be important for the entire health care staff to be vaccinated for the hepatitis B virus," says Syrjanen.

Professor Antti Vaheri states:

"I recently gave a lecture at the Helsinki University dental clinic, and I heard that when that new and expensive clinic was being planned, they also

wanted a section for infected patients. Some government official had rejected this plan."

Large-Scale Research Program Proposed

Helsinki HELSINGIN SANOMAT in Finnish 3 Jan 85 p 10

[Article: "Group of Experts Wants to Study AIDS Virus in High-Risk Group of 10,000 Persons"]

[Text] A group of experts from the Central Medical Board suggests that a comprehensive study be organized here to shed light on how widespread HTLV-III infections are in Finland.

The plan is to study a high-risk group of 10,000 persons. Homosexual and bisexual men who have numerous sexual relationships belong to the group.

This group is considered an obvious risk of infection to its surroundings. They are capable of spreading AIDS viruses or HTLV-III viruses even though they do not suffer from the disease itself.

It was revealed in an ongoing companion study of the state of health of 210 homosexual men that 8 percent had antibodies of the virus.

Viral Epidemic Spreading

Professor Kai Krohn, chairman of the Central Medical Board's group of experts, says that we have a pronounced domestic viral epidemic, which is spreading. The AIDS virus is now turning up all around the country.

In addition to Krohn, Professor Antti Vaheri and special lecturer Anna-Mari Ranki belonged to the work group. Pertti Weckstrom, chief physician of the Central Medical Board, was the secretary.

Professor Krohn reassures us that we are up-to-date in the study and treatment of AIDS. We have good relations with U.S. centers in which the AIDS virus is studied. It is possible, for example, to obtain the results of vaccine experiments as soon as they become available.

Professor Vaheri estimates that it will be at least 5 years before a vaccine against AIDS viruses is ready. It has been observed that the viruses of different patients are of different types. It is therefore hard to find enough common factors so that one vaccine would be effective on various AIDS viruses. New kinds of AIDS viruses can also be developing the entire time.

Only a Few Become Ill

Specialists distinguish among several different stages of AIDS. The word AIDS itself means acquired immune deficiency syndrome. The patient has then become ill from various infections and often from malignant tumors as well.

There is still no effective treatment for those who have come down with true AIDS, and one should therefore be able to prevent the outbreak of the disease by those who have caught the viral infection.

The virus is the T-cell leukemia virus (HTL-III). It has been made clear in the United States that now only 1 percent of the virus carriers become sick with AIDS. However, carriers of the virus can also infect others.

Five persons who have come down with AIDS and a slightly greater number of patients who have the disease's prodromal symptoms have been found so far in Finland. In addition, nearly 30 persons who have caught the viral infection have been encountered.

If in Finland, too, 1 percent of the virus carriers have become sick, we would then have--on the basis of current observations--about 500 persons who have caught the infection.

Test Obtained for Blood Donation Service

One way to prevent the spread of AIDS infections is to test the donors' blood for the presence of antibodies of the viruses. The plan is to begin using the test in the spring, states special lecturer Jukka Koistinen, director of the blood donation service offices of the Finnish Red Cross. He believes that hospitals will accept this safety measure, even though the price of the blood they buy will rise.

The viruses are spread chiefly in sexual intercourse, but in the United States, for example, there are 86 proven cases of AIDS linked to blood transfusion. AIDS is confirmed in 32 hemophiliacs there and in 12 in Europe.

Research and Enlightenment

Matti Ruokola, chief director of the Central Medical Board, promised that the expert group's suggestions for shedding light on the AIDS high-risk groups, for arranging treatment and for preventing the spread of the disease will be implemented as soon as possible.

All physicians are given a general letter about verification and treatment of the disease. Physicians must make a report to public health authorities when a patient is suspected of being ill with AIDS or antibodies of its viruses are confirmed in the blood. In addition, a permanent group of experts is appointed to keep abreast of the situation.

Examination of the specimens is centered in Helsinki University's institute of virology, Tampere University's biomedical institute and Aurora Hospital's microbiology laboratory.

All Have Responsibility to Provide Treatment

Chief director Ruokola states that it is the responsibility of all physicians to also treat patients who are suspected of being ill with AIDS or who do have AIDS. The responsibility affects dentists and other doctors equally.

For the time being at least, there is no proof that dentists, for example, have caught the HTLV-III viral infection from their patients. On the other hand, a couple of laboratory workers have been infected.

In the United States, an eye has been kept on health care personnel who have been exposed to the blood or secretions of AIDS patients, and not one has developed AIDS in a year and a half.

It is stated in the report by the Central Medical Board's group of experts that the risk for health care personnel of becoming infected in connection with treatment or research still should not be underrated. The disease has a long period of germination.

12327
CSO: 5400/2515

GREECE

TRAVELERS FROM AFRICA VICTIMS OF YELLOW FEVER

Athens AKROPOLIS in Greek 20 Dec 84 pp 1, 7

[Article by Dim. Stavropoulos]

[Text] A second case of yellow fever within 24 hours! The patient traveled 19 December by air to Athens from Rome on Olympic Airways.

On the airplane he suffered a serious attack. He turned yellow, and was seized by spasms. The incident was noticed by the passengers who panicked as soon as they were informed of their fellow passenger's illness.

The sick man, who was coming from Nigeria, where he works, in order to spend the holidays with his family in Salonica, was taken away at the Ellinikon Airport by an ambulance. The unfortunate Salonican is even now in isolation at the Hospital for Infectious Diseases, along with the merchant marine captain who on 18 December brought yellow fever from Sierra Leone.

Panic

In detail, the situation developed as follows:

Th. A., 54 years old, who was coming from Nigeria, embarked at the Rome airport, along with another 250 travelers, on an Olympic Airways "Air Bus" which was completing flight 234.

During the journey, however, he suffered a serious attack, turned yellow, was seized by spasms, and fainted.

A doctor, who by chance was traveling with the sick man, examined him as well as he could and had no difficulty in diagnosing what he was suffering from.

The news was spread immediately throughout the entire aircraft and naturally the passengers became panic-stricken. All seats [nearby] were emptied very quickly and Th. A. was isolated.

At the same time the pilot of the "Air Bus" informed the Ellinikon Airport control tower, where an alert was called.

Thus the director of the airport health office, pathologist Giannis Tsandiris, waited with an ambulance and police patrols for the plane to land in order to remove the patient.

In fact when the "Air Bus" reached Athens it was taxied to the edge of the airport and, after the passengers got off, the nurses took possession of the workman who was unconscious.

When he was given first aid, however, and came to, he refused to go to the Hospital for Infectious Diseases and indeed resisted it.

In the end the doctors explained the seriousness of his situation to him and persuaded him to be placed in "quarantine" because he is a danger to public health.

11587
CSO:5400/2512

INDIA

BRIEFS

JAPANESE ENCEPHALITIS CASES--Anantapur, Nov 30 (PTI)--Twentysix children died of Japanese encephalitis in Anantapur district during this month, according to Dr B Govindarajlu, Superintendent, Government Hospital. [Text] [New Delhi PATRIOT in English 1 Dec 84 p 8]

CALCUTTA MALARIA STATISTICS--Calcutta, Dec. 3: There has been a significant rise in malaria in the city with 24,000 cases reported this year as against 19,000 last year the health officer, Calcutta municipal corporation said. A World Health Organisation (WHO) team has arrived to chalk out a malaria eradication programme. The team includes Mr A. V. Kondrashin, regional malaria advisor (WHO). Talks are in progress with state health department and corporation officials. [Text] [Calcutta THE TELEGRAPH in English 4 Dec 84 p 2]

CSO: 5450/0057

ISRAEL

BRIEFS

SIX AIDS CASES--Over the past 2 years there have been seven AIDS patients in Israel. It has recently been reported that six more Israelis have contracted AIDS. These include some who suffer from hemophilia. [Summary]
[Tel Aviv HADASHOT in Hebrew 14 Jan 85 p 9 TA]

CSO: 5400/4505

JAMAICA

MINISTER OF HEALTH DISCUSSES IMMUNIZATION, OTHER ISSUES

Kingston THE DAILY GLEANER in English 14 Dec 84 p 36

[Text] Hope Bay, Pd, Dec 12--Stiffer fines and penalties are to be imposed on parents and teachers who refuse from getting students and children immunized. A paper is to be tabled in the House of Representatives soon on this matter.

This was disclosed by the Hon Ken Baugh, Minister of Health, on Thursday while he was delivering the keynote address at the official opening of the Oliver Park type four health complex in Port Antonio. He said that there were plans to improve the health care and the hospital service and to bring them under one umbrella. Training courses for staff were well underway and training would continue so that staff would be more equipped to handle the new health system.

Dr Baugh said that immunization was a problem which could be solved and the government was dealing with it with the assistance of the private sector and the local community.

Turning to pregnancy, the Minister said that over-crowded homes and unemployment were the possible causes for the high rate of pregnancies in the country. He said that it was much easier for mothers to provide health care for their family when the family was small. Jamaicans could be proud of their health service compared to other countries, the Health Minister said.

Urging citizens to be on guard against German Measles, he said this disease was on the increase. A pregnant mother who had this disease and did not receive treatment within the first three months could have a deformed child, he said. There were plans for midwives to get training to handle immunization for the communities in which they work. The Minister also said that statistics showed that there had been a great increase in VD in Portland.

He said that a Central Health Committee was to be established. This committee would be advisory with its members coming from the Local Parish Committees.

Dr Baugh thanked the Dutch government for providing a grant of \$2.9 million for building the centre. The Jamaican government only provided \$43,000 towards the building. He praised Mr Vancuter from the Dutch Embassy who was the architect behind the building, and Dr Dorothy Blake who he said was the headstone behind the project.

He urged citizens to utilize the service of the health centre which would be the headquarters of the health department in the parish.

CSO: 5440/026

JAMAICA

BRIEFS

TYPHOID INCIDENCE--A total of 14 typhoid cases have been confirmed over a three month period in St Elizabeth and intensive investigations are being carried out by the Ministry of Health to deal with the situation, the Minister of Health, Dr Ken Baugh, told the Gleaner yesterday. This is the total for the year in the parish and the situation is not considered to be an epidemic, Dr Baugh said. [Text] [Kingston THE DAILY GLEANER in English 6 Dec 84 p 3] Two cases of typhoid fever involving children from the Blackstoned area have been reported. Accordingly, a Public Health team, headed by Mr L. Lewis, senior Public Health Inspector for the parish, addressed parents at the St George's All Age School recently. The officials expressed mixed feelings about the water supply in Blackstoned. They announced plans to set up a "Health Committee" in the area next month to monitor health practices in the area. [Excerpts] [Kingston THE DAILY GLEANER in English 15 Dec 84 p 4]

CSO: 5440/026

JORDAN

MALARIA, BILHARZIA CONTROL MEASURES DESCRIBED

Amman AL-DUSTUR in Arabic 13 Sep 84 p 7

[Article: "How Are New Malaria and Bilharzia Cases in Jordan Fought?"]

[Text] Dr Muhammad Rida Tawfiq, the chairman of the Department of Malaria and Bilharzia in the Ministry of Health, confirmed the effectiveness of the medicine which the ministry gives to those infected with malaria and bilharzia among those who visit Jordan.

In a talk with AL-DUSTUR he said, "If the incoming cases are spotted early, the cure will be 100 percent; but if it is spotted later--and this seldom happens--the recovery then is difficult."

Malaria

Dr Rida proceeded to say, "It is known that since 1970 until now not one case of malaria has happened among the local inhabitants of the Kingdom, except those very few cases resulting from blood transfusions from infected donors arriving from an infectious area."

He said, "The officials responsible for fighting malaria are present at all of Jordan's border areas and the airport where they take blood samples from visitors arriving from infected areas in order to check for the disease and take the full address of each person." As soon as the results of the test are known, and, if the infection is confirmed, treatment for the infection takes place right away, and with 100 percent recovery average.

He also confirmed that malaria inspectors are present in the Jordan Valley (northern, middle and southern areas) and in all marsh areas, looking for fever cases, and the anti-malaria teams check people who have fever immediately.

He also said that among the protective measures being taken by the department is spraying the dangerous areas twice a year in addition to spraying the mountainous areas once a year. Likewise, the department's apparatuses are oiling the marshes and the swamps in the dangerous areas with "Abit" to kill the mosquito larvae which carry the malaria, and that is done once every 2 weeks.

In answering a question about the noxious kind of malaria which exists in South East Asia and African countries, he confirmed that many measures have been taken to look for this kind of malaria in Jordan, but the result was the non-appearance of this kind in our cities and villages.

He answered another question about whether getting the addresses of blood-sample donors serves the desired purpose, and whether it is problem-free. Dr Rida said, "Indeed, some difficulties face the department's officials in some cases because the address given is not accurate, which then causes some confusion in finding the donor." He then called upon all the brother visitors to give accurate addresses of their whereabouts, so as to facilitate fighting malaria and to keep the country clean of this disease. He also said, "In order to overcome this problem, we request every incoming person from infected areas to visit the malaria stations which exist throughout the Kingdom."

Bilharzia

As to the measures which the department follows to fight bilharzia and prevent it spreading in Jordan, he pointed out that a large number of Arabs and foreigners who work in Jordan come from areas infected with bilharzia. He said that an agreement has been concluded between the Ministries of Health and Labor which rules that no work permits will be issued to those people, especially those who work in the dangerous areas, such as the Jordan Valley, King Talal dam, al-Kafrayn dam, Wadi Shu'ayb dam, except after they have had a medical check-up by the bilharzia laboratories which exist in various areas. They will then be issued a certificate of clearance of the bilharzia disease, which they should carry with them at all times. He said that anyone proven to be infected will be given a free treatment, which is only one dose of medicine taken by mouth.

He pointed out that the medicine which is used for this disease is (Blitrisine), a new medicine, which the World Health Organization has recommended. The recovery rate with its use is 100 percent if the case is detected early, and before the complications of cirrhosis of the liver and dropsy develop.

Research

He added that the Department of Insect Investigation is conducting a search for the snails which are considered the agent for carrying the bilharzia disease in all water areas. As these snails are uncovered, they will be exterminated by using (Bilocide) which was recommended by the World Health Organization.

He also said that all the snails were exterminated in various areas of the kingdom except the King Talal dam area and the al-Kafrayn dam area. The work is continuing in these areas in an attempt to minimize the density of the snails.

He added that close cooperation exists between the Department of Malaria and Bilharzia, and the Security Authorities so that the infected people who do

not carry a clearance check-up card will be expelled from the country, especially in the Jordan Valley areas.

Leishmaniasis

In answering a question about the situation in Jordan in relation to Leishmaniasis, he stated that this disease began appearing during the past year in East Amman areas, such as al-Muqir, Sahab, al-Qutranah, and also in the areas of al-Dulayl, al-Khalidiyah and al-Azraq.

He said that the Ministry of Health and the Department of Royal Health Services had completely cured all the cases. He explained that the carrier of this disease is the sandfly, which existed in huge numbers last year. The department was able to exterminate it by intense spraying expeditions which included various areas where it existed.

As for this year, very few cases appeared, although the sandfly appeared in high concentrations. He reported that the department sprayed large parts of areas it inhabits, and it continues to exterminate it in all other areas.

He called upon the citizens who notice the appearance of any pimples or abscesses on the uncovered parts of their body to visit the government's clinics and al-Bashir hospital for treatment. Good results can be expected if the case is discovered early. But if reporting these cases is delayed, the patient will suffer a permanent scar, and will not benefit from the expensive treatment which the Ministry offers for free.

Answering a question about the number of cases of this disease, he reported that the total cases during the past year reached 287, the number of cases during the current year has reached only 40.

12527

CSO: 5400/4502

KENYA

CHOLERA DEATHS IN MERU DISTRICT

Nairobi DAILY NATION in English 21 Dec 84 pp 1, 32

[Text] The chief of Gatimbi Location in North Imenti, Meru, has banned all social gatherings in the location due to cholera outbreak.

Addressing a public baraza at Gatimbi, the chief, Mr Erastus Muthamia, also barred anyone from visiting the location without his knowledge and closed all public eating places.

Mr Muthamia advised wananchi to take the advice of health inspectors seriously and boil water and milk before drinking. He told them not to cook vegetables before washing them properly.

The chief said public eating places would not be re-opened without the authority of the health inspectors.

In Isolo, the sale of mangoes has been temporarily suspended in the district, according to the district public health officer, Mr J. Kaugi.

In a letter to the County Council, Mr Kaugi said the source of supply of the mangoes was lower Meru in Tharaka, Tonyai, Mitunguu, Gaitu and Giaki areas, which were affected by cholera.

By yesterday, over 25 people were officially reported to have been killed by cholera in Meru District during the last six weeks.

At a press conference at Afya House in Nairobi, the Permanent Secretary in the Ministry of Health, Mr Joseph Kipsanai, said some 2,900 diarrhoea cases had been investigated and out of these 349 were confirmed to be cholera.

The PS, who was accompanied by the Director of Medical Services, Dr Wilfred Koinange, said most deaths reported recently in the Press were not due to cholera but were other diarrhoeal diseases and malaria.

Dr Koinange said cholera cases reported in areas like Nanyuki, Thika, Machakos were just "mild cases."

He, however, admitted that one person died of cholera in Thika recently after travelling from Meru. He said in Nairobi 21 diarrhoeal cases were diagnosed among people living in Kariobangi and Korokocho areas.

Over 2,900 other diarrhoea and vomiting cases were investigated in Kilifi, in the Coast Province, where cholera incidences were severe in August. The disease has been brought under control there, he said, but investigations were still in progress in Chimbala, Rabai, Maraka and Kaloleni.

Mr Kipsanai told the Press that the recent high incidence of cholera in Meru District originated from Kilifi. Trade contacts and movement of people between the two areas resulted in the disease spreading to Meru.

CSO: 5400/53

KENYA

CHOLERA ALERT IN GARISSA DISTRICT

Nairobi DAILY NATION in English 22 Dec 84 p 20

[Text] The Garissa Provincial Hospital's medical officer of health has sounded a cholera alert on the town's residents.

Talking to journalists at the hospital, Dr Gilbert Jawour said people had to observe proper hygiene methods due to reports that cholera had hit Thika and Meru district.

He said most of the food consumed by the town came from Thika. He cautioned that the disease could spread into the town.

He especially cautioned miraa chewers who handle the twigs that come from Meru. Dr Jawour said he did not aim to deprive the miraa lovers of their "pleasures" but was merely advising them to keep clean and observe anti-cholera measures.

Asked about the present anti-measles campaign in the district, he said his teams were doing a praiseworthy job and had treated 58 patients at manyattas. 14 of the cases had cholera and eight were admitted to the hospital, he said.

Dr Jawour, however, said there was no reason for alarm. But due to the transport problem people should not wait for the medical teams to visit them. He advised them to make a determined effort to send any suspended cases to the hospital immediately.

Dr Jawour stressed that wananchi should heed the PCs recent call to take patients to hospital so as to avoid unnecessary deaths due to complications arising from delay in getting medical attention.

Meanwhile, the Thika Municipal Council and the Ministry of Health have taken measures to combat cholera in the area.

The Thika municipal chief public health officer, Mr R.C.T. Odipo said the council had got a stock of 100,000 capsules for oral administration to the people in the cholera zone.

Mr Odipo said Kiandutu and Gachaki slum villages had been declared cholera zones. Cholera has already claimed three lives.

The Thika DO, Mr James Kariuki has assured Thika residents that everything was under control and should not be alarmed.

The DO held a meeting with chiefs, assistant chiefs and health officials to review what action to take to fight cholera.

In a related development, strict public health measures have been given to the traders and hawkers at the Ishiara open air market in Embu District in an effort to control cholera.

The area public health officer, Mr David Mbuva and chief Eliud Mitaru ordered the measures because the market was serving the neighbouring Tharaka Division of Meru and parts of Kitui District where cases of cholera outbreak have been reported. (KNA)

CSO: 5400/53

KENYA

CHOLERA OUTBREAK IN MACHAKOS, KANGUNDO DISTRICTS

Nairobi DAILY NATION in English 27 Dec 84 p 24

[Text] The people in Kangundo in Machakos District spent a grim Christmas Day following the outbreak of cholera in the area, which has claimed at least two lives.

The killer disease broke out in Kangundo and neighbouring Tala over the weekend. And by Christmas eve, 10 cholera cases had been admitted in the isolation ward of Kangundo District Hospital.

On Monday morning, health officials in the division, with reinforcements from Machakos Provincial General Hospital, swung into action and shut up all eating places and butcheries.

Butchers in Kangundo and Tala had slaughtered additional cows and goats in readiness for Christmas feasting, but the butcheries were shut early Monday morning--with the meat not bought.

On the Christmas Day, as more patients were brought to the hospital, two cases were transferred to Machakos Hospital where another isolation ward had already been opened. But according to well-informed health sources, the two cholera patients died, and more are being transferred to the hospital from Kangundo.

The disease first struck the district 1 1/2 weeks ago in Ndalani area of Yatta, which borders Kangundo.

It was also reported in neighbouring Thika in Kiambu District, where two people believed to have travelled from the severely affected Meru District died.

According to the Permanent Secretary for Health, Mr Joseph Kipsanai, some 25 people had died of the disease by mid-last week out of 349 "confirmed" cases in Meru.

The disease has also been reported in Kilifi, Nanyuki and Murang'a.

But during a press conference last Wednesday the Director of Medical Services, Dr Wilfred Koinange, said that except for Meru, cases reported in other areas were of a "mild" nature.

In Nyeri District, all dirty hotels were ordered closed by health authorities.

According to the District Public Health Inspector Mr Kanyotu, the closure affects Nyeri town, Mweiga, Karatina and Othaya. Mr Kanyotu did not say whether cholera had been detected in the district.

But the Acting DC, Mr Robert Kaniaru, said the presence of the disease in Meru and Thika had forced him to order the closure.

He said no case had been reported in Nyeri, and declined to comment on diarrhoea cases in King'ongo Prison.

A team of doctors and nurses from Nyeri Provincial Hospital visited the prison last week after diarrhoea patients were taken to the hospital from the prison.

In Thika, the Chief Public Health Officer, Mr Norman Masai has assured the people in the town that there was no cause for alarm following the outbreak of the disease.

Addressing a press conference at Thika Town Hall, Mr Masai said the situation had been brought under control.

CSO: 5400 /53

KENYA

BRIEFS

MYSTERY DISEASE KILLS CHILDREN--Mystery surrounds a strange disease which the deputy provincial commissioner for Northeastern, Mr Alex Njue, says has claimed several lives of children in Garissa District in the past 2 weeks. Mr Njue said the director of medical services, Dr Koinange, said that a team of doctors would be dispatched to Garissa to assess the situation. Dr Koinange was also said to have confirmed the death reports. It is understood the disease resembles clinical malaria, only that its final stages are swift and fatal. The patients suffer harsh flue, high temperature, vomiting, and diarrhea and die within 48 hours. Mr Njue has ordered medical authorities to urgently investigate the cause of the killer disease or else the situation will get out of hand. [Text] [Nairobi Domestic Service in English 0400 GMT 11 Jan 85 EA]

CSO: 5400/57

LAOS

VIENTIANE POPULATION WARNED ON DISEASED FISH

Government Announcement

Vientiane PASASON in Lao 24 Nov 84 pp 1, 2

[Announcement on Fish Diseases]

[Text] To the committee responsible for the agriculture, irrigation, and agricultural co-op section of Vientiane Capital and Vientiane Province.

Based on the study of fish diseases in Vientiane Capital and Vientiane Province, the determination of disease by the central animal research institute in Vientiane, and the report of the technical committee that examined the fish situation in Vientiane Capital and Vientiane Province, the veterinary technical committee, the Veterinary Department, and also the Ministry of Agriculture, Irrigation, and Agricultural Co-ops [announces] to the administrative committee of Vientiane Capital and Vientiane Province and the agricultural sections and animal husbandry and veterinary units of these provinces, the reasons why many fish have died along the streams, marshes, and ponds. We report the finding of the disease institute that the disease is *Aeromonas Puntatas* [combined] with the secondary disease *proteus*, which is similar to the fish disease that occurred in three southern provinces at the end of last year.

Therefore, we propose the following immediate and long-term procedures.

1. The administrative committee must organize a committee to guide and inspect the markets where fish are traded.
2. Now that streams, ditches, canals, and marshes have almost run dry and run out of water, we should be careful when we use the water. (We must boil it before we drink it.)
3. Where fish have died because of disease fishing in that area must be decreased.
4. We should consume only good fish that has been checked and that is cleaned and cooked well.
5. Wherever any fish are dead, floating, rotten and smelly in the water we must mobilize each other to take them out of the water and bury or burn them in order to prevent the disease from spreading.

6. Wherever fish are raised for boosting production or where conditions permit, they can be treated in order to decrease death, e.g., by using (glolafeni golganamycin and fulasolidon) mixed with the food used to feed the fish. For details contact the local veterinarians.

Therefore, we hereby urgently let you know so that you will have the solution and correctly implement the orders. Vientiane 22 November 1984.

Experts Sent To Investigate

Vientiane PASASON in Lao 24 Nov 84 pp 1, 2

[Article: "The Veterinary Experts Investigate Fish Disease in Vientiane Capital"]

[Text] In this period there was an outbreak of fish disease which causes rot around the fish's body. This has occurred in different districts around Vientiane Province and Vientiane Capital causing damage to fish farmers and much misunderstanding among our people in the downtown and rural areas, and they are afraid to eat even the fish that are not diseased.

Thus, on 19 and 20 November the Ministry of Agriculture, Irrigation, and Agricultural Co-ops and also the Veterinary Department appointed technical experts along with a number of specialized task experts to investigate the fish disease situation which is occurring in localities in Vientiane and Vientiane Capital headed by Chanthasen Khamsenkhotlouang, chief of the Veterinary Department. The experts are from the animal disease analysis institute committee, the animal hospital committee, and regular technicians in the animal disease institute along with Dr Viktor, the Soviet expert in the veterinary department.

These committees collected samples of fish that has contracted the disease, and analyzed them in the animal disease institute of the veterinary department. It was the same disease that had occurred in fish in the southern provinces last year. After the follow-up and final analysis of the fish disease, it was found that *Aeromonas Puntatas* had rotted the fish torso. "Aegoli" germs and "bella" was found in the water; there were 1,500 to 1,800 of these in 100 cc of water where the normal concentration is only 1.

The cause of the fish disease outbreak was because fish ponds, and streams, canals, and marshes were dirty. The water did not flow and there was no circulation, resulting in turbid water and rot. This caused the disease to spread rapidly. Therefore, the veterinary department has suggested several ways to prevent and get rid of the disease on an immediate and long-term basis.

1. Fishing should be decreased where fish have died because of the disease, because fishing would injure the fish and they would easily and increasingly catch the disease.
2. Do not eat injured or diseased fish or fish that is suspected to have the disease, but bury or burn them instead. Good fish without injury can be eaten, but they must be boiled correctly for sanitary reasons.

3. Be careful about using and drinking water. It should be fully boiled 10 minutes before drinking, especially water from canals and marshes.

4. Sprinkle white lime in the ponds, canals, and marshes where fish have died because of the disease, where they are now dried out, or where [fish are raised artificially], so that when it rains next time it will kill the disease.

5. We suggest that local administrative committees of all levels pay special attention to and organize a cadre committee consisting of technical veterinary, public health, and police cadres to inspect fish of all kinds before sending them to the market for trade and consumption.

9884

CSO: 5400/4333

LAOS

WIDESPREAD CONTAMINATION REPORTED IN VIENTIANE FISH

Bangkok THE NATION REVIEW in English 6 Dec 84 p 5

[Text] There was widespread contamination of fish in various districts in Vientiane and other provinces of Laos, an informed source said yesterday.

The source said that the malady caused wounds on fish's skin and quickly kills them. It also said that a Soviet doctor named Dr Viktor was assigned to look into the cause of the disease.

The cause of the epidemic, the source said, was the unsanitary condition of fish ponds where water was stagnant, foul, and filthy, thus becoming a breeding ground for germs.

The disease was the same type which caused an epidemic in southern provinces of Laos last year, the source said.

The Laotian government has instructed the people to burn or bury fish being infected with the disease, and also to boil for 30 minutes water from ponds, canals and streams used for domestic purposes.

CSO: 5400/4338

MEXICO

DENGUE FEVER AMONG GUATEMALAN REFUGEES

Mexico City EXCELSIOR in Spanish 30 Nov 84 p 1-C

[Text] Campeche, Campeche, 29 Nov--Dengue fever is spreading among the 13,500 Guatemalan exiles living in unhealthful conditions in camps in this state, charged the assistant chief of Coordinated Public Health Services, William Baqueiro.

The director of the Champoton Health Care Center, Ricardo Avila Reyes, confirmed the report, adding that over the past month the center treated 30 cases of dengue fever just among the Central Americans living on the San Antonio Yacetain ejido.

Dengue fever is transmitted by a type of mosquito, and its symptoms vary according to the physical condition of the victim, ranging from tiredness to skin eruptions and fever. It has been present for more than 4 years in this region as well as elsewhere along the Gulf of Mexico.

One-hundred and sixty-one Guatemalans have been treated for the ailment over the past 3 months, the assistant chief said. Officials indicated that dengue could not be eradicated as long as pools of standing water were around. Most of this state is marshland.

8743

CSO: 5400/2021

PEOPLE'S REPUBLIC OF CHINA

CUI YUELI CONCERNED ABOUT EPIDEMIC PREVENTION

OW261019 Beijing XINHUA Domestic Service in Chinese 1211 GMT 25 Dec 84

[Article by reporter Zou Peiyan]

[Excerpts] Beijing, 25 Dec (XINHUA)--A national coordination meeting on science and technology in public health and epidemic prevention was recently held in Beijing. At the meeting 40 participating units, through negotiations and consultations, reached agreements on 134 scientific and technological cooperation projects concerning medical regulations, examination and monitoring, and disease diagnosis and prevention. The participating units included 7 research institutes and stations under the Chinese preventive medical center, the public health and epidemic prevention stations of 28 provinces, municipalities, and autonomous regions, and some provincial occupational disease clinics.

The leading members of the Ministry of Public Health attached importance to the meeting. Minister Cui Yueli was out of town, but he expressed his views on how to convene the meeting well. Vice Ministers Chen Minzhang and Guo Ziheng, who attended and addressed the meeting, emphasized that the public health and epidemic prevention work should rely on science and technology, and science and technology should be geared to the needs of public health and epidemic prevention work and to training of epidemic prevention personnel. They also hailed the progress in epidemic prevention in recent years.

CSO: 5400/4121

PEOPLE'S REPUBLIC OF CHINA

SNAIL FEVER PREVENTION PROGRESSES IN 1984

OW070806 Beijing XINHUA in English 0718 GMT 7 Jan 85

[Text] Shanghai, 7 Jan (XINHUA)--Snail fever--a widespread disease caused by blood flukes--was completely wiped out in 16 Chinese counties, four cities and four county-level districts in 1984, according to Lu Guang, a senior official at the anti-schistosomiasis leading group of the Chinese Communist Party Central Committee.

Now 250 of the 348 snail fever infectious counties and cities in Southern China have wiped out the disease or brought it under control, Lu Guang said.

Over the past year, oncomelania (an intermediate host of the blood flukes) on 91 million square meters were killed and 350,000 patients treated, Lu added.

The remaining 98 counties and cities have three billion square meters of oncomelania habitats and more than one million snail fever patients in relatively remote lake and hill areas.

Stamping out the disease there will be much more difficult, Lu noted.

The anti-snail fever drive was stepped up last year with collective units and individuals joining the state in raising funds.

The introduction of a contract system for wiping out the disease also counted, Lu Guang said.

A research group led by Zhou Shulong, professor of Hubei Medical College succeeded in external raising of blood flukes.

Lu said that the success facilitated researches in schistosomiasis immunity, prevention and treatment and the mechanism of pesticides.

CSO: 5400/4122

PEOPLE'S REPUBLIC OF CHINA

ANTIBODIES TO HFRS DETECTED EASILY, INEXPENSIVELY

Beijing JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] in Chinese No 5, 20 Oct 84 pp 333-336

[Article by Fan Wufang [2868 2976 5302], Liu Qifu [0491 0796 1381] and Zhu Dezhong [2612 1795 6988], all of the Department of Microbiology, Third Military Medical College, Chongqing: "An Indirect Peroxidase Antibody Test (IPA) for Detection of Antibodies to Hemorrhagic Fever with Renal Syndromes (HFRS)"]

[Summary] Hemorrhagic fever with renal syndrome (HFRS) occurs endemically in certain localities in China. At present, the diagnostic method usually used is the indirect fluorescent antibody (IFA) technique, but due to the requirement of costly equipment and trained technicians, it is not feasible in grass-root clinics. We used an indirect peroxidase antibody method (IPA) to detect HFRS specific IgM, and these results were compared with those of IFA. It was found that the IPA titer was 2.6 times higher than that of IFA in sera of early cases, and 20 times higher than IFA titers in convalescent sera. Of the 49 sera tested, 40 gave positive results by IPA while 35 were positive by IFA. There was a discrepancy between IPA and IFA in one serum. Only an ordinary light microscope is necessary to perform the IPA test, and the test is sensitive, specific and easy to perform. The procedure is simpler and can be used in grass-root medical units.

ASYMPTOMATIC HBsAg CARRIERS' BLOOD STUDIED

Beijing JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] in Chinese No 5, 20 Oct 84 pp 337-339

[Article by Tian Rongfu [3944 2837 4395], Xu Jiyin [1776 4949 6892], Zhang Ling [1728 0407], et al., all of the Third Military Medical College, Chongqing: "Infectivity Study of Asymptomatic HBsAg Carriers' Blood"]

[Summary] The infectivity of asymptomatic HBsAg carriers' blood was studied in 36 recipients. Their positive rate of anti-HBs was 56.2 percent before transfusion. After transfusion two recipients developed hepatitis B and the SGPT became abnormal in four (11.1 percent) of the 36 recipients. The anti-HBs became positive in 83.3 percent (10/12). The incidence of hepatitis B among blood recipients was lower than that of Western Europe and North America, but similar to that of Southeast Asia. The overall infection rate of HBV was higher than that of the other localities. The infectivity of asymptomatic HBsAg carriers' blood correlated well with the titer of HBsAg. There was no apparent change in the titer of HBsAg in all three recipients with positive HBsAg before transfusion. No new HBsAg carriers developed in the 36 recipients.

9717

CSO: 5400/4117

PHILIPPINES

METRO MANILA MEASLES UPSURGE NOTED

Manila PHILIPPINES DAILY EXPRESS in English 10 Dec 84 p 3

[Text] Measles, a highly communicable disease, has been on the upsurge in Metro Manila lately and the health ministry has advised the public to take precautionary measures.

Dr Antonio Faraon, the ministry's senior epidemiologist, said incidence of the highly communicable disease, which mostly afflicts children, usually rises during the cold season and summer months.

This means, he added, measles will go on increasing at a fluctuating level for six months until June when they decline to normal level.

Faraon said there were 41 cases admitted to the San Lazaro Hospital for the week ending Dec 1. The figure is considerably higher by 12 cases over the previous week ending Dec 1. The number was higher than the previous week's 19 cases and two deaths for the week ending Nov 17.

Faraon said measles, a viral disease common among children below six years, spreads rapidly through direct contact with infected persons and their secretions and soiled articles.

It is characterized by fever, bronchitis and skin rashes which usually appear four or five days after its onset, he said.

Faraon said the contagious disease, a usually severe ailment among mal-nourished children, could be prevented by immunization and strict observance of personal hygiene and sanitation. (PNA)

CSO: 5400/4337

PORTUGAL

TWO AFRICAN AIDS CASES CONFIRMED IN PORTUGAL

Lisbon EXPRESSO in Portuguese 24 Nov 84 p 7

[Excerpts] Two cases of AIDS in individuals native to Guinea-Bissau, who had been sent to our country under the terms of a cooperation agreement in the health field, have been diagnosed at the Egas Moniz Hospital in Lisbon. In both cases, the ailment involved is African AIDS, a variety of this recent disease, characterized by a progressive weakening of the immune system.

One of the patients, who was taken into the hospital last June, died 2 months ago. He was a man of about 40, a heterosexual, with no indication of drug addiction or transfusions, suffering from a systemic infection and a Kaposi sarcoma (a type of cancer found with relative frequency in AIDS victims).

The other individual, approximately 30, who is still confined to the Egas Moniz Hospital, was sent to Portugal in April of this year. His symptoms are uncontrollable diarrhea, a generalized infection that is quite serious, fever and a loss of weight.

The tests made in both cases revealed an extremely debilitated immune system. In the case of the patient who is still alive, the doctors are thinking of the possibility of sending a sample of his blood serum to Paris in an attempt to detect the virus thought to be responsible for the HTLV 3 syndrome.

In addition to these two cases, the Egas Moniz Hospital had previously received three other individuals (the first in 1979), who have died in the meantime and who, it is thought, may also have been AIDS victims. However, the fact that immunological tests were not conducted makes it impossible to guarantee the diagnosis. In all three cases, the patients were men, with quite serious syndromes of chronic diarrhea and suffering from a pronounced weakness for no apparent reason, which, at the time, was attributed to an unidentified virus.

Despite the fact that the presence of AIDS has been detected in Central Africa, there is to date no knowledge of manifestations in West Africa of this disease of which the above cases seem to be the first indications.

The Beginning of an Outbreak?

Recently a British journal devoted to immunology called attention to the fact that AIDS had not been detected among immigrants and tourists coming from West Africa to Europe and said that it is highly improbable that the syndrome had gone unnoticed in cities with a reasonable amount of medical coverage, such as Dakar, Abidjan or Lagos. If, in fact, there had not been previous cases, these could be regarded as the beginning of an outbreak that might increase in the future.

However, there is no valid reason to think that AIDS can become a frequent malady in Guinea-Bissau. It is even probable that this zone is on a borderline of low incidence of the syndrome. However, the fact that no explanations of a geographical or cultural nature have been found that would justify the high incidence of AIDS in the center of Africa, leads certain specialists to doubt that the disease is likely to spread to other areas of tropical Africa, thus adding to the many other health problems that are already afflicting this continent.

One of the mysteries that still shroud "African AIDS" has to do with its chain of contagion, in which heterosexual relations play an important part, contrary to what happens in Europe and the United States, where 73 percent of those afflicted are homosexuals, although no explanation for this discrepancy has been discovered. It has therefore been thought justifiable to conduct investigations to determine the specifically African risk factors and that these investigations should be carried out by individuals who have an intimate knowledge of local practices and customs.

If Guinea-Bissau decides to engage in a study of this type, or in an investigative inquiry, the doctors and researchers of Portugal will be able to play an important role in such operations. However, the decision will have to be left up to the health authorities of that country.

To date, 6,791 individuals have been afflicted with AIDS and of these, 3,164 have already died. As for the number of Portuguese who have definitely contracted the syndrome, it is probable that this figure is due to rise in the future, not as a result of an increase in the incidence of the ailment, but rather because of increased ease of access to more precise methods of analysis. And this because hospital service officials are frequently heard to speak of suspected cases of AIDS which, in general, have to do with patients who died and the diagnosis of whose ailments cannot therefore be confirmed.

8089

CSO: 5400/2508

SENEGAL

CHOLERA REPORTEDLY HITS SAINT-LOUIS

Dakar WAL FADJRI in French 16-30 Nov 84 p 7

[Article by Youssoupha Ndiaye: "The Shadow of Cholera"]

[Text] Cholera in Saint Louis? Everything indicated it: symptoms of the disease (vomiting and diarrhea) which kills at least one Saint-Louisien every 5 days, according to the preventive activities of the Regional Hygiene Service. Even if at the hospital the doctors say that it is not cholera, the people are getting vaccinated because fatal cases are multiplying.

The psychosis of cholera, an epidemic disease, is taking over Saint-Louis. This disease, which is raging throughout the sub-region (Mali, Niger, Burkina Faso and now Mauritania) has been the main topic of discussion for a month. It is reported in Pikine, a peripheral neighborhood located on the Dakar highway or in Gandiol, a small town nestled 10 minutes from Nord's capital and where, it is said, it is taking victims among the juvenile population.

This collective fear coincides in any case with the appearance in Saint-Louis of a mysterious illness. Like cholera, this illness shows up through continuous vomiting followed by permanent diarrhea. Like cholera, this disease kills. We are told by the Regional Hygiene Service, one Saint-Louisien dies of it every 4 to 5 days.

The similarity does not end there. Like cholera, this disease is especially severe in the neighborhoods with the densest human concentrations, which explains why Pikine, where promiscuity is rampant, is more affected than the other neighborhoods. It also prospers in unhealthiness, which, in the case of Nord's capital, where no sewerage system exists nor any garbage cans except for those on the island, makes the whole population of Sor potential carriers of the virus (if there is a virus.)

In spite of all these similarities, can one talk of cholera? At the Saint-Louis Hygiene Service, they answer that it could well be cholera, especially with regard to the disease's latest developments. And, to attend to the most urgent matters first, a team of hygiene agents went to

Gandiol to disinfect both the houses and the area around the river, because that is the most exposed area. Moreover, the rumor is spreading more and more that the primary school was going to be closed because of the growing number of children affected. The action of the agents will not be limited only to Gandiol because all neighborhoods of Saint-Louis are to be visited.

At the Saint-Louis hospital, however, people are dogmatic: it is not cholera, even if the nature of the illness is unknown. The doctors' diagnosis rests mainly on the fact that the so-called mysterious disease is not contagious and that the result of the tests done on the patients invalidates the diagnosis of cholera.

At any rate, cholera or not, today there is a great stampede toward the pharmacies for anticholera vaccine by those who have the means to buy it, especially since it is urgently recommended in the corridors of the Saint-Louis hospital and at the hygiene service.

9895

CSO: 5400/37

SOUTH AFRICA

BILHARZIA ATLAS SHOWS PRINCIPAL VECTOR AREAS

Marshalltown SOUTH AFRICAN JOURNAL OF SCIENCE in Afrikaans Vol 80 No 10, Oct 84
pp 444, 445

[Article by J. A. van Eeden, S. J. Pretorious, K. N. de Kock, P. H. Joubert
and C. T. Wolmarans: "Compilation and Publication of a Bilharzia Atlas"]

[Text] [First paragraph in English] With the arrival of summer thoughts turn once again to swimming and, if in a South African river, to the danger of contracting bilharzia. In order to provide authoritative advice on the potential extent of this problem scientists at the University of Potchefstroom working in collaboration over many years with the Medical research Council, the S. A. Institute for Medical Research and the State Health Department have produced a bilharzia atlas for southern Africa, which indicates the distribution of the principal vectors.

The atlas is available in its entirety at a price of 250 rand, or else as individual regional sheets at 10 rand each. Further information is available from SAIMR [South African Institute for Medical Research] P. O. Box 1038, Johannesburg 2000.

The myth which could never be dispelled, and until recently still going around, that bilharzia is present only in eastward flowing rivers will hopefully be finally put to rest with the appearance of the bilharzia atlas. The presence of parasites that cause bowels and urinary bilharzia and of the intermediate host snails which play an important role in their life cycle are comprehensively represented in the Bilharzia Atlas of Southern Africa. The atlas, which was issued in 1981 jointly by the South African Medical Research Council (SAMNR), the Department of Health, and the South African Institute for Medical Research under the joint editorial effort of Prof J. A. van Eeden, Dr R. J. Pitchfor and Prof J. H. S. Gear, is a compendium of applied research conducted during the past 50 years in southern Africa.

Six persons were employed on a fulltime task of putting all the relevant information on the map. This has involved the analysis of information on the intermediate host snails which has been listed in the atlas from the National Snail Collection which has been built up since 1952 and housed in the Snail Research Unit of the SAMNR at the Potchefstroom University for CHO. In the

process nearly 20,000 records have been examined and about 80 percent of these finally recorded on the map. To do this it was necessary to search and jot down carefully all the places of occurrence, as annotated on topocadastral maps (1:250,000) by the compilers and afterwards transfer these on durable transparent sheets to be used as overlays on the topocadastral maps. Among other things these maps show the names of all registered farms, rivers, dams, towns, railways, roads and borderlines. The transparent sheets are in multiples and bound together with similar transparent sheets showing the distribution of parasites and with the topocadastral maps of the government printing office.

The symbols employed in the atlas differentiate between the *Bulinus Africanus* group and *Biomphalaria pfeifferi* which occur respectively as intermediary hosts for urinary and bowels bilharzia. The distinction between *B. globosus* and *B. africanus* species has not been made, on the one hand, because the identity and the geographic distribution of the two species has not yet been cleared up and, on the other hand, because both species occur as intermediate hosts for urinary bilharzia. A third symbol is employed to show locations where no intermediate host snails have been found, but where the presence of other snails has been noted.

Unfortunately at the time of compilation no records were kept of the places that were investigated and no snail were found. The result of this is that no distinction can be made between places where a search for snails was made and none were found and the places where a search for snails has not yet been made.

A symbol combination has been selected showing at a glance the two different species of parasites and also indicating in a special way the percentage of infection among the group of persons examined. A 5 percent infection or less has not been considered sufficient for labeling a locality as a bilharzia risk area, because persons reacting positively could have been infected in other localities. On the other hand a 75 percent or higher infection rate has been taken to mean that the entire population of a locality is infected, because it is very probable that persons of the test group who did not react positively are really infected, but because of unaccountable factors they have reacted negatively.

As a rule not all the places of occurrence could be indicated accurately, because the compiler's description was either incomplete or the maps do not indicate certain references made by the compiler. An example of this is the reference made to known places in Lesotho and Swaziland which do not appear in maps of the government printing office. This problem was also experienced in instances where in their description of localities the compilers referred to unregistered names of subdivided farms. In addition the changes in territorial and district borderlines and also in the names of farms and numbers have frustrated the location of previous data on the most recent issues of topocadastral maps.

Only the information known up to and including 1975 has been inserted in the atlas. Since then the information gained up to and including 1982 has been

recorded in such a manner that a symbol of a different color can be applied on the existing transparent sheets by the atlas owners themselves. Provisions are being made for the future supplementing of new information at regular intervals in a similar manner. In any case a complete copy of the atlas will be kept up to date by the Potchefstroom University for CHO and will be available for inspection at any time to all interested persons.

The final format of the atlas was attended by a long evolutionary road of map redrawing, enlargement, reduction, modification of scale, price considerations and considerations of practical feasibility. The advantages of the final format consist in the fact that the exact locations can be pinpointed, also the maps now in use can be obtained at the government printing office and the transparent sheets can be obtained separately. Consequently those interested can purchase either a complete atlas or separate sheets of the areas of interest to them at the library of the South African Institute for Medical Research.

As far as we know this atlas is the most comprehensive geographic distribution document of any zoological group in Africa.

7964

CSO: 5400/35

SOUTH AFRICA

BRIEFS

PRETORIA RABIES ALERT--Pretoria's eastern suburbs have been put on a rabies alert after three dogs involved in a fight with a meercat had to be destroyed. The Directorate of Veterinary Services has ordered dog owners in various areas to have their animals inoculated by next week. The incident leading to the rabies alert, the first in the capital in the past decade, involved a St Bernard dog and two poodle puppies belonging to a family in Waterkloof Glen. Mr Loftus Viljoen said that during the fight with the meercat, which took place in the family's walled garden, one of the dogs was bitten before the meercat was killed. A vet later diagnosed that the meercat had rabies, Mr Viljoen said.--Sapa [Text] [Johannesburg THE CITIZEN in English 21 Dec 84 p 11]

CSO: 5400/52

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TANZANIA

BRIEFS

MORE CHOLERA DEATHS--Lindi--Two more people died of cholera in Lindi between 6 and 9 January, bringing the number of people who have died of cholera since December to 51. The regional medical officer, Dr Samuel Mgeni, said that despite these incidents the disease is diminishing. As of this morning the regional hospital in Lindi had only five cholera patients. [Summary]
[Dar es Salaam Domestic Service in Swahili 1700 GMT 9 Jan 85 EA]

CSO: 5400/54

THAILAND

FIRST LOCAL AIDS CASE CONFIRMED

Bangkok THE BANGKOK POST in English 5 Oct 84 p 1

[Text] Doctors confirmed Thailand's first case of the fatal disease Acquired Immune Deficiency Syndrome yesterday.

They said there was a strong possibility the disease, found mostly among homosexual men, could become widespread as the country lacked the preventive know-how.

Professor Nivat Polnikorn of Ramathibodi Hospital's Venereal Disease Unit said the AIDS patient was a postgraduate student who contracted the disease in the United States where he was studying.

The professor said the unidentified student was treated at Louisiana Hospital and returned to Thailand where late last month he was admitted to Ramathibodi Hospital.

The patient, who was admitted with a serious lung inflammation which is commonly associated with AIDS, is in his 20s and is under the care of Dr Anuwat Limsuwan.

Dr Nivat said though the case was the first positively diagnosed, there was a strong chance the disease could spread if the patient was discharged and maintained sexual relationships.

Most hospitals, he said, could not even diagnose the contagious disease.

In most cases, patients die from multiple infections three to four years after contracting AIDS, which erodes the body's immune system. Apart from sexual relationships, AIDS can also be transmitted through blood transfusions.

The disease first started to cause alarm in 1981 in the US where more than 1,300 cases have been reported with a mortality rate of over 37.6 percent.

Dr Nivat said a recent study of 70 homosexual men in Pattaya had shown 30 percent had contracted hepatitis-B which could be regarded as the highest incidence rate in the world.

Pointing out that there are about 100,000 male homosexuals in the country who rarely consult their doctors, he suggested they take vaccinations against hepatitis-B.

BSO: 5400/4338

THAILAND

RADIATION USED TO DESTROY LIVER FLUKE

Bangkok BANGKOK POST in English 17 Sep 84 p 3

[Article by Ampa Santimatanidol]

[Text] Doctors have long tried to discourage the people in the North and the Northeast from eating raw food particularly raw fish--the mainstay of such favourite northern dishes as Koi and larb--so as to lessen the chances of their getting liver fluke, but all to no avail.

However, Siriraj Hospital doctors have now come up with a way of solving the problem without changing people's eating habits. The new method, which is still at an experimental stage, involves destroying the fluke's capacity for reproduction through radiation.

Dr Manoon Paiboon, a parasite specialist of Siriraj's Medical Faculty, recently carried out an experiment in which raw fish was exposed to a safe-for-consumption amount of gamma ray radiation and found that the flukes were either greatly diminished or eliminated altogether.

"At first we tried to change the eating habits of the people but we found it was very difficult to do so," Dr Manoon said. "They always go back to eating their favourite food."

"So we had to look for other ways and began the gamma ray experiment and found that it worked. At the rate of radiation the raw fish was exposed to there is no health risk involved and it is safe for consumption," he said.

Dr Manoon also said that there is no long-term risk involved in the radiation technique. If this is the case, and the technique is applied on a large scale to raw fish before it is consumed, then a way may have been found to eliminate liver fluke which affects an estimate of seven million Thais, mostly in the North and Northeast, annually.

Dr Manoon also said that liver fluke constitutes a great economic loss for the country with the disease draining away no less than 2,000 million baht a year.

"The seven million people will have to take medication to cure their symptoms of weakness and at the very least the cost will be about 50 satang per person per day. That's about 1,277 million baht a year and it's expenses which you can see, there are other expenses involved that you can't readily see. All in all it amounts to no less than 2,000 million baht a year," Dr Manoon said.

He added that in the past an average of no less than 500 people came down from the Northeast to receive treatment at the Tropical Medicine Department of Mahidol University. The Ministry of Health now has a treatment centre in Khon Kaen and it has been estimated that about 1,000 people go there for treatment each day.

The ministry is at present setting up branches at Sakon Nakhon and Kalasin to ease the work load at the Khon Kaen centre.

Dr Vinij Asawasena, director-general of the Communicable Disease Control Department, said that an additional 7.9 million baht will have to be spent on just buying more medicine for the Khon Kaen centre alone.

He said the medicine used to cure the disease, praziquantel, has to be imported at 17 baht a tablet and each patient has to take four of these to be cured. However, he said that most patients return for treatment because they go back to eating raw fish.

In Dr Manoon's experiment raw fish is exposed to a maximum of 50 K rad radiation at which level it was found that no flukes survived. At the minimum of 10 K rad it was found that the flukes' internal organs, especially the reproductive system, began to be affected. They were either not fully developed or not developed at all. The sizes of the adult flukes were smaller and the number that recovered were fewer.

CSO: 5400/4338

THAILAND

MALARIA HITS KAREN REFUGEES

Kuching THE BORNEO POST in English 18 Sep 84 p 2

[Text] Bangkok, Mon--A major outbreak of malaria is threatening thousands of Karen refugees on the Thai-Burmese border, Tirdpong Yayananda, the Deputy Minister of Public Health said today.

In a radio interview Tirdpong said more than half of the 10,000 Karen refugees living on the Thai side of the border in Kanchanaburi province, 500 km North-west of here were suffering from Malaria.

He said Health officials were planning urgent measures to stop the epidemic spreading further into Thailand.

Karen civilians, representing one of the many ethnic minorities in Burma, fled into Thailand to escape fighting between Karen insurgent forces and Burmese government troops which began in January this year for control of rebel strongholds on the Thai-Burmese border. Bernama-AFP

CSO: 5400/4338

THAILAND

MALARIA POSES SERIOUS THREAT

Bangkok BANGKOK POST in English 26 Sep 84 p 5

[Article by Chadin Tephaval]

[Text] Malaria strikes 300,000 Thais every year and rural apathy has been blamed for thwarting efforts to maintain the drastic decline of the disorder.

Mahidol University parasitologist Dr Boonyiam Keittivuti said latest figures show malaria remains the nation's number one disease and the mortality rate is much the same as that of 1979.

The rate fell drastically since the 1950s with the introduction of modern medicine and insecticides. In the 1970s the rate continued to fall to about 15 in 100,000 people, until 1979 when it averaged out at about 8 in 100,000.

That means almost 4,000 people died from the disease that year, and it has remained at the same level since then, said Dr Boonyiam.

The main reason for this, he said, was a lack of concern among rural people. "A lot of them work in the jungles or go there to look for forest products to make a living but they don't even sleep in a mosquito net.

"When we try to teach them to prevent malaria and destroy mosquito hatching places, they say they don't have time because they have to work," Dr Boonyiam said.

Many Northeastern people also migrate to malaria-infested regions of the east, such as Rayong, Chanthaburi and Trat, for seasonal work--cutting sugarcane and collecting tapioca. Some contract the eastern type of malaria and take it back to the Northeast.

Dr Boonyiam said mosquitoes are becoming more resistant to insecticides as well as once effective medicines. The insect's behaviour is also changing.

"Before, most mosquitoes used to bite people at night in their own houses. But our research shows that since it is more difficult for them to enter homes, they now bite people more often outside and in day time."

According to the Public Health Ministry's National Malaria Irradication Centre, 17 provinces are infected, each with about 10,000 cases. The World Health Organisation still sees malaria as the most serious health concern.

Ministerial solutions to the malaria problem stress the elimination of mosquitoes, detection and treatment of patients, health education and research.

But Dr Boonyiam proposes the addition of income generating activities, such as planting marketable crops. "You need community participation in the effort to eliminate malaria, but at present people don't have the interest or the motivation. They don't know what to do for it," he said.

He proposes that tambol councils establish crop planting and marketing projects so villagers will not have to make their living from the jungles.

CSO: 5400/4338

THAILAND

GENETICS TO BE USED FOR MOSQUITO CONTROL

Bangkok BANGKOK POST in English 16 Oct 84 p 3

[Text] Mosquito repellants like DDT are not only a health and environmental risk but are becoming increasingly ineffective. So Mahidol University scientists are now experimenting with genetic engineering techniques to find ways to eliminating mosquitoes without using insecticides.

Director of the university's Centre for Molecular Genetics and Genetic Engineering, Dr Sakol Panyim, said the experiment involves cultivation of a new strain of bacteria--through the manipulation of its DNA (genes)--which would be lethal only to mosquito larvae.

Dr Sakol said the bacteria will have no effect on human beings or the environment since the genetic engineering technique involves the "engineering" of genes in bacteria which will have a specific effect on mosquito larvae only.

Exterminate

"We are trying to build a new bacteria strain that will contain a poison for mosquito larvae but will not affect people, animals or the environment. If we are successful, then we will release this bacteria into the environment and the number of mosquitoes will be greatly diminished," said Dr Sakol.

He said once scientists are able to create this genes, it will be isolated from the rest of the bacteria and recombined with a neutral bacteria which would have only one mission: Exterminate mosquito larvae.

"If we can do this, then the use of insecticides, which is rather dangerous, will also be greatly reduced," Dr Sakol said.

Genetic engineering involves the removal of genes--the basic molecular structure of all life forms containing the genetic code of specific hereditary functions of an organism--from one organism and recombining it with the genes of another organism to create a new organism.

CSO: 5400/4338

UNITED KINGDOM

BUDGET INCREASES SLATED FOR REGIONAL HEALTH AUTHORITIES

London THE DAILY TELEGRAPH in English 22 Dec 84 p 2

[Text]

HEALTH authorities are to get an extra £530 million next year, giving them an average increase of 5½ per cent. in their budgets, Mr Fowler, Social Services Secretary, announced yesterday.

The increases will vary widely between the 14 regional health authorities with the top increase of 6·8 per cent. going to the Trent region and 6·7 per cent. going to Wessex.

The hardest hit areas will be the four Thames regions, covering London and the Home Counties, which get increases of 4·2 per cent. or 4·4 per cent.

The figures assume that inflation will fall from the current figure of 4·9 per cent. to 4·5 per cent. so that the extra money for the Thames regions represents a cut in real terms.

Fourth year of cuts

It is the fourth successive year that these regions, which are considered to be over-provided with hospital facilities, are being cut to enable expansion in the less well provided regions of the North and Midlands.

The Northern region will receive an increase of 5·8 per cent., Yorkshire 5·9 per cent. and Oxford, an area of growing population, 6·3 per cent. Health authorities will be expected to pay the cost of any pay increases awarded above rises of three per cent.

Announcing the increases Mr Fowler said that all regions would also gain from cost-savings programmes which were achieving "substantial benefits"

this year and would be developed "rigorously" next year.

"As a result health authorities should be able to develop services faster than the cash growth figures imply."

Extra money for capital spending should also come from sales of surplus land and residential accommodation which health authorities have been asked to identify.

Health Ministers also announced that authorities are being asked to set a new target of treating at least 40 new kidney patients per million population by 1987. Last year 1,846 new patients were treated, a rate of 33 per million of population.

CSO: 5440/023

BANGLADESH

BRIEFS

CATTLE DEATHS REPORTED--Maulvibazar, Nov 24--Nine thousand and nine hundred thirty three cattle heads have been claimed by the flood water and other various types of diseases in the six upazilas of Maulibazar district within the last six months causing much sufferings to the farmers. According to an official source due to shortage of livestock officers and field staff in the upazila level door to door vaccination campaign for proper treatment of the cattle is greatly being hampered. [Text] [Dhaka THE BANGLADESH OBSERVER in English 26 Nov 84 p 11]

CSO: 5450/0060

BOTSWANA

RABIES ON INCREASE IN GHANZI

Gaborone BOTSWANA DAILY NEWS in English 27 Nov 84 p 1

[Article by Nathaniel Motshabi]

[Text] Ghanzi--There has been an increase in the occurrence of rabies in this area over the last few months, said the District Veterinary Officer, Dr Milos Ondrasek in an interview.

Dr Ondrasek explained that all indications point to the fact that the area is infested with rabies.

On allegation that the rate of spread of rabies in Ghanzi is much higher than in other parts of the country, the District Veterinary Officer said that he was not aware of the situation of the disease in areas other than Ghanzi.

Dr Ondrasek commented that the occurrence was the result of an overspill from neighbouring Namibia.

He said the disease is transmitted by the carnivorous animals such as jackals, hyenas and some small rodents.

The only solution is to shoot the carriers something which might disturb the national ecology balance. But there was no way out, he said.

Dr Ondrasek further said that almost all dogs in the district have been vaccinated.

The resistance of the animals towards the disease had been impaired by the drought conditions, he explained.

He stressed that people should be aware of changing behaviour of animals. Sometimes they invade homes. He warned that such signs of rabies should be reported immediately to the Department of Veterinary Services. BOPA

CSO: 5400/49

CUBA

PROPHYLACTIC BLOOD SOLUTION FOR CARE OF HORSES DESCRIBED

Havana MUJERES in Spanish 11 Nov 84 pp 8-9

[Article by Isolina Triay: "That Valuable Brown Liquid"]

[Text] As the summer draws to an end, there are days that are so hot that the calendar seems in error, as if summer wanted to prove its strength before giving way to the next season. Such is the case this morning, as a burning sun beats down on the road we are taking to the "Reynol Bauta" blood solution plant on the outskirts of the city of Matanzas.

Upon arriving, we soon forget the rigors of the tropics. A fresh breeze cools the skin and dispels the heat-caused fatigue. We are in the Yumuri Valley, with its enchanting green hills and marvelous microclimate. Not far away we hear the whistle of the little Hershey train as it crosses the beautiful valley on its daily run between Matanzas and Havana.

The plant covers 20 caballerias [1 caballeria=33.2 acres] on the "La Conchita" farm and employs 37 workers, 11 of them women, most of whom work in the laboratory. At this point you might well be wondering: What do they produce there? What is a blood solution? Or perhaps you already know that it is a medicine fed to livestock to prevent disease and that it is also a fine nutrient. Its components are the blood of cattle, the gastric juice of mares, antibiotics and phenol, and it is administered in small doses.

The 25 mares remain calm in their stalls as the esophageal catheter extracts gastric juice. They do not show the slightest resistance to Elia Estupinan, the comrade in charge of the extraction area. All indications are that the mares feel no discomfort from the procedure, which includes the use of a vacuum pump for short and sometimes long periods to facilitate the extraction of the juice. Male horses are not used because it is the stomach of the mare that produces a large amount of these digestive acids.

"I started working at the plant a year and a half ago and I learned how to handle the animals right away. They're well behaved. They spend 8 hours here and then get a special fodder and rest for 5 days. I'm happy with my job; we really do have good working conditions."

There are 130 mares, and they take their daily turns in groups of 25. They are used both as sources of gastric juice and for breeding purposes.

Mercedes Muro, an intermediate lab technician, decided to specialize in this field when she was in the eighth grade, her interest awakened by the veterinary club at her school.

"I graduated in 1979 and I intend to continue studying. We can develop ourselves further in our specialty through basic courses or advanced studies. Veterinary medicine is a very broad field, and its specialties are important to the country's economy."

Leonor Sardinias is another intermediate technician. She has been at Reynol Bauta for just 2 months but graduated 13 years ago.

"I used to work in a diagnostic laboratory in Limonar," she relates. "My husband and my brother are both veterinarians. I always wanted to study veterinary medicine, and my older son (I have one 11 and another 3) wants to also."

Eleven women run the laboratory, where the solution is produced. As part of the manufacturing process, it must be kept first in a hot room and then in a cold room. It is machine-bottled in half-liter containers by several of the women workers.

Maria Caridad Hoyos operates the bottle sterilizer. "I took a special training course," she says, "because otherwise you can't operate this equipment. I'm married and have an 8-year old daughter. I was a homemaker until a short while ago."

Wasn't it hard getting used to a regular job?

"Not at all," she replies, pointing to sturdy-looking, mustachioed fellow worker a few feet away.

"That's my husband; he brought me here."

His name is Jose Davila, and he works with the livestock.

"How do the men feel about their female coworkers?"

"They think they're fine; they're good workers, and the plant needs them."

You got Maria Caridad to take a job here. Do you follow the Family Code in your home?

"The fact is that I'm not doing too good a job in that respect, but not because I don't want to. When I finish working, I look after my little plot of land, and it gets so late that I don't have time for anything else. But I want you to know that I agree that a husband should help his wife with the housework."

The farm raises sheep, turkeys and rabbits for consumption by the workers. The rabbits are also used to test the safety and quality of the solution. Samples are taken from the batches and administered to a group of animals, which are then monitored for any abnormal reaction that would indicate irregularities in the solution.

Prepared as a tonic, the solution is fit for human consumption and is genuinely effective in treating anemia and digestive tract ailments, although this production line has not yet gone large-scale.

The director of the center, Hector Hernandez, explained to us that the medicine was invented by the Soviets in 1962 and has been manufactured in Cuba for almost 10 years. The Reynol Bauta farm produces 120 tons a year, and with another smaller plant in Los Arabos, Matanzas accounts for 3/4 of the country's total output of the blood solution. The province is successfully battling fatal ovine diseases, and the proper use of the valuable brown liquid in the livestock diet has been highly effective to this end.

Nature has been generous with the La Conchita farm. High up from among the rocks on a hillside emerges the limpid stream that flows down into the plant's tanks. The late afternoon breeze across the Yumuri Valley is as refreshing as its spring waters.

8743

CSO: 3248/175

GAMBIA

EFFORTS TO ERADICATE ANIMAL DISEASES DETAILED

Nairobi THE KENYA TIMES in English 2 Jan 85 p 10

[Article by M. D. N'Jie]

[Text] It is probable that the Gambian President Dawda Jawara's strong support for the war against trypanosomiasis, the animal killer disease, helped influence the decision to establish the headquarters of the International Trypanotolerance Centre (ITC) in The Gambia.

Back in 1982, the Gambian head of State, who is also a veterinarian by profession, said the Gambia, home of the trypanotolerant ndaama breed of cattle, was a suitable place from which to carry out research. The need to eradicate trypanosomiasis, which has killed millions of cattle in some 40 countries in tropical Africa, is as urgent as ever.

Although the gobra breed can be found in The Gambia, mainly along the border with Senegal on the northern bank of the River Gambia, the ndaama is the majority, accounting for over 70 per cent of the population of 300,000.

Because the rural areas lacked modern banking facilities, rural dwellers invested their money in cattle, which also conferred social prestige--the greater the herd, the higher the social status of the owner. The effective control of the spread of rinderpest considerably reduced animal deaths.

The ITC is financed by the African Development Bank, the British Overseas Development Association (ODA), the European Economic Community (EEC) and the United Nations Development Programme (UNDP) with The Gambia providing the infrastructure. Its policy-making body, headed by Sir Dawda, includes eminent veterinarians from Europe, Britain and USA.

Its director, Professor Ian McIntyre, formerly Dean of Glasgow University Veterinary School, his colleagues and visiting veterinarians, will be engaged in high quality research, with emphasis on the trypanotolerant breed, to increase the quality of livestock in the tropics.

The main objective is "to promote the exploitation of the generic resistance of the ndaama until such time that an effective, cheap and acceptable control method against trypanosomiasis and the tse-tse fly becomes available", according to a senior official of the centre.

The centre will constantly liaise with other research such as the International Livestock Centre for Africa (ILCA) in Addis Ababa and the International Laboratory for Research on Animal Diseases (ILRAD) in Nairobi; universities engaged in similar research programmes, all of which will receive its published findings.

In addition, it will provide middle-level personnel training and "distribute improved livestock to other research centres or countries where such livestock is needed for breeding or for improvement programmes".

Implementing The Gambia's Livestock Development Project (LDP) is also the centre's responsibility. For this, 50,000 selected head of cattle in different parts of the country are being cared for under modern animal husbandry techniques with the hope that it will be possible to determine their performance in different areas. A solution to worm infection, one of the known major problems, will also be sought.

The Gambia's long dry season makes feed difficult to come by. In recent years, the drought has compounded the difficulties. While cattle owners are being encouraged to reduce the size of their herds because of this, the American-sponsored Mixed Project is exploring alternative sources of feed.

The possibility of obtaining feed from conserved agricultural by-products during dry seasons, growing a variety of imported grass known to withstand drought for a long time and the cultivation of legumes on a larger scale are all being studied.

CSO: 5400/56

ITALY

FOOT-AND-MOUTH EPIDEMIC IN MODENA

Rome L'UNITA in Italian 4 Dec 84 p 5

/Article by Franco Canova/

/Text/ Modena--More than 600 animals have been slaughtered: among these a flock of sheep, considered initially responsible for the infection. Posters are appearing denoting "infected areas" while new alarming reports are arriving from the provinces of Reggio Emilia and Mantua.

The gates were closed at Modena's livestock market: never before had cattle been turned away from the city's pens since 1951 when the new market was dedicated, representing one of the postwar phases of economic and social reconstruction. The largest cattle market in Europe, that is, for breeders, merchants, brokers and experts in this sector, it was closed in accordance with an injunction issued by the city's mayor. The reason: foot-and-mouth disease /foci of epizootic aphthae/, type A, the European type (and not of foreign origin) which strikes cattle, were discovered a few days ago around Modena. Posters denoting "infected area" or "protected area" appeared at the sites involved; hunting was forbidden; the transportation of animals, particularly through those areas, was forbidden. Employees in the veterinary sector are vaccinating cattle and swine (the latter as a precautionary measure inasmuch as type A aphthae does not attack swine), and many head of cattle were slaughtered (about 300 within a few days, together with a flock of sheep).

This extensive and timely quarantine became effective at the middle of last week, and one of the decisions made in connection with that measure was to close Modena's cattle market yesterday and next Thursday (just 1 year ago the Modena market extended the number of days for the traditional livestock negotiations to Mondays and Thursdays to satisfy the demands of breeders and traders). The closing came at a critical time, just before the Christmas festivities which have always been an occasion for heavy buying and selling in the livestock sector and an important factor in the economy of breeders. No one wanted to face up to reality yesterday, but the slowdown in sales will cause the breeders to suffer losses of many millions.

Also yesterday, bulletins and communiqués were issued one after the other. The disease was found to be confined to the communes of Bomporto, Ravarino, Soliera

and Modena (in the territory of Modena's USL /Local Health Unit/ and at San Prospero and Cavezzo in the territory of Mirandola's health unit. The areas involved, that is, in a radius of 2 km from the livestock farm where aphthae was discovered, were declared infected. The second strip of territory involved is that labeled "protected area"; this area includes the communes just mentioned as well as those of Carpi and Novi (in the area of Carpi's local health unit), Mirandola and Campogalliano. Generally speaking, the area involved extends along the right and left sides of the Secchia River in a stretch of land north of Modena where preventive measures have been underway on a daily basis since last week--namely, veterinary inspection, proper notification and the slaughtering of diseased animals.

As recently as yesterday afternoon, steps were taken to verify the situation in the Tre Olmi area on the outskirts of the provincial capital, and a center of infection was found to exist here also.

Modena's provincial administration has scheduled a meeting for this morning as a followup to that held yesterday afternoon at Emilia-Romagna's regional headquarters "to determine what steps can be taken immediately" to enable the agricultural firms involved to resume production.

With the security network extended, the aforementioned measures taken and Modena's livestock market temporarily shut down as a precautionary step, the results of the two meetings are now being awaited; perhaps within the next few days it will be possible to evaluate the fruits of these initiatives aimed at circumscribing a phenomenon which has caused alarm and concern among breeders and others in the geographical areas involved. As for the causes which led to type A epizootic aphthae, an infection which had not surfaced in the Modenese area for many years, nothing definite is known. Initially, it had been traced to a flock of sheep (precisely the flock which was slaughtered), but health officials now seem to have dropped that hypothesis.

Until now, reports on the foci of type A hoof-and-mouth disease have involved only those livestock farms which are located along the Secchia River in the Modenese lowlands, an area replete with scientifically controlled animal-breeding installations which help support an agricultural sector highly developed on the technical and cultural scale. But all breeders in the Po lowlands, particularly close to the Po River, whether on the Emilia side or the Lombard, are in a state of alarm. Reports of questionable cases are multiplying and piling up and are coming from both the Reggio and Mantua slopes. The danger that the epidemic may be present over a much greater area than heretofore ascertained is imminent.

8568

CSO: 5400/2510

MALAWI

WAR AGAINST RABID HYENAS WAGED

Blantyre DAILY TIMES in English 19 Dec 84. pp 1, 3

[Article by Grover Mzumara]

[Text] A total war against rabid hyenas in the Capital City has been declared by the Department of National Parks and Wildlife.

A spokesman for the department announced in a press release that the hyena control exercise would be mounted in Lilongwe once every four months. The first exercise was carried out on Monday and yesterday.

The exercise has been initiated because of several incidents in and around the Lilongwe Nature Sanctuary and the City in which members of the public have been attacked by hyenas, the spokesman said.

The spokesman stressed that hyenas did not normally attack people nor roam about during day time unless they were rabid.

The dangers to the public from rabid hyenas were obvious and serious since a rabid animal could bite and badly savage a person in addition to passing on rabies, the spokesman said.

He pointed out that the department believed that hyenas picked up the disease after scavenging on dead rabid dogs. In the same manner that the department had tried to curb rabid dogs through tie-up orders, it was now taking equivalent measures to reduce the dangers to the public posed by rabid hyenas, he said.

For two days after every four months, hyena dens in and around Lilongwe Nature Sanctuary, including other parts of the city, will be smoked out during day time and any escaping hyenas shot, the spokesman explained.

"At night the area around the sanctuary and the rest of the city will be patrolled by hunters in vehicles who will shoot any hyena seen loitering," he said.

Members of the public are requested to assist in this exercise by informing the Department of National Parks and Wildlife's Regional Office opposite Malawi Housing Corporation, of any hyena den they know or upon seeing a hyena when the exercise is in force.

The department also appealed to the public to go to hospitals for inoculation against rabies whenever they came into contact with a rabid hyena--dead or alive.

CSO: 5400/49

SOUTH AFRICA

BRIEFS

THREE CASES OF RABIES IN NC--Three cases of rabies were confirmed last month in the Kimberley state veterinary area. The state veterinarian in Kimberley said yesterday two rabid meercats, one of which was found in the Kimberley district and the other in the Herbert district, and one rabid sheep, which was found in the Griquatown district, were discovered in November. So far this month no cases of rabies have been confirmed in the Kimberley state veterinary area, which includes Kimberley, Hartswater, Warrenton, Barkly West and Griquatown. The local state veterinarian said there had been a total of six rabies cases in his area this year. 'Last year we had 20 confirmed cases,' he said. 'If a case of rabies is confirmed, we do compulsory inoculations within a radius of 16 km,' he said. The last time there was a rabies scare in Kimberley itself was in April last year. Recently, however, the state veterinarian in Vryburg conducted a series of inoculations following a confirmed case of rabies in the town. [Text] [Kimberley DIAMOND FIELDS ADVERTISER in English 11 Dec 84 p 3]

CASE OF RABIES IN PHOENIX--A dog discovered dead in a Phoenix street last week has been found to have been suffering from rabies. This is the third case of rabies reported from Phoenix, a suburb of Durban, this year. Dr Bill Posthumus, head of the State Veterinary Department in Natal, said the dog had been found dead by a resident, who reported the matter to the department. This is the 111th case of rabies reported in Natal so far this year. During the 1980 outbreak 121 cases were reported. [Text] [Durban DAILY NEWS in English 6 Dec 84 p 5]

CSO: 5400/51

SWAZILAND

KILLER DISEASE HITS CATTLE

Mbabane THE TIMES OF SWAZILAND in English 11 Jan 85 p 3

[Article by Vernon Zulu]

[Text]

SEVERAL hundred herds of cattle have already been killed by a tick borne disease known as "red water," veterinary authorities said yesterday.

A spokesman said more cattle were dying as the disease reaches epidemic proportions and urged farmers to assist in its fight by changing to new dipping chemicals.

He told The Times that the blue tick which spreads the disease had become very resistant to old dipping chemicals.

The Veterinary In-

vestigations Officer in Manzini said the disease which started a month ago had mostly affected areas in the middleveld of the country. He said new dipping methods were being introduced in the areas but added that the major problem was prevention of the disease since some farmers were still relying on old dipping chemicals

or did not dip their beasts regularly.

He said old chemicals like sodium arsonite were now totally ineffective to the disease spreading blue tick. He said the first sign of the disease was diarrhoea. Later the animal becomes weak, develops a high temperature, becomes anaemic and passes red urine.

He said farmers should contact their veterinary offices once these symptoms

are detected in their cattle and if the beast dies they should send some samples such as the brain, spleen and manure.

Asked which other livestock disease was rife at the moment he said it was the "water heart" which is very common in Swaziland especially during the spring and summer seasons. He said this disease was also more occurrent in the middleveld and lowveld.

He said "water

heart" attacks cattle, sheep and goats and could be easily treated at its early stages. Symptoms of this disease were nervous behaviour in animals.

An animal would start walking in circles raise its hoofs higher than normal when walking. He said this disease had become a permanent problem in the country due to the same problem of ticks becoming resistant to dipping chemicals.

CSO: 5400/59

THAILAND

EPIDEMIC HITS FISH FARMS IN UTTARADIT

Bangkok THE NATION REVIEW in English 6 Dec 84 p 5

[Text] Uttaradit--An MP here said yesterday that there is an epidemic causing the death of tens of thousands of fish in the province and urged the Fisheries Department to look into the matter.

Prem Malakul na Ayudhya, an MP from Uttaradit said that fish farmers of Lamlae District were suffering great losses because their fish are dying of a disease causing open wounds on the fish's skin. He said that a cat which ate this contaminated fish died 30 minutes later.

The MP said that he is worried that if people eat these fish they may sicken and die.

Prem said that the disease is attributed to the pesticide used by farmers in rivers and ponds.

He also urged the Fisheries Department to look into the matter and find a solution.

CSO: 5400/4338

ZIMBABWE

BRIEFS

TSETSE CATTLE DEATHS--Forty cattle have been reported dead in the Mt Darwin area due to tsetse, while some 262 cattle have died in the Silobela and Zhombe (Midlands) area as a result of starvation, reports Agritex. In its fortnightly crop and livestock report, Agritex says that the condition of livestock is still poor in communal areas but fair to good elsewhere. "Draught power in Umfurudzi resettlement scheme has been adversely affected because of tsetse," says the report. [Excerpt] [Harare THE FINANCIAL GAZETTE in English 21 Dec 84 p 20]

CSO: 5400/51

INTER-AMERICAN AFFAIRS

BRIEFS

CARIBBEAN MOKO DISEASE--Bridgetown, Barbados, Dec 12 (CANA)--The European Development Fund (EDF) has approved a grant equivalent to some 110,000s (US) to continue a comprehensive programme aimed at controlling the spread of Moko disease in the Windward Islands banana industry, European Commission delegate here, Joannes Ter Haar said. Moko is a highly infectious bacterial wilt disease that affects the vital banana and plantain crops in Grenada, Dominica, St Lucia and St Vincent and the Grenadines. Since 1982, the EDF has been financing the programme which has developed practical methods of identifying and destroying diseased plants, mainly in Grenada. Eradication of infected plants is carried out there by control teams who travel throughout the island in response to reports of suspected outbreaks. The programme has been successful in containing the level of Moko in Grenada and the additional funds would permit this work to be continued until measures can be taken for the long-term control of the disease. [Text] [Kingston THE DAILY GLEANER in English 13 Dec 84 p 7]

MEXICO-GUATEMALA BLIGHT PROGRAM--Oaxaca (Mexico) 28 Dec (NOTIMEX)--Mexico's secretary of agriculture and hydraulic resources, Eduardo Pesqueira Olea, today announced the coordinated plan that Mexico and Guatemala will carry out against plant blight. Pesqueira, who is on a working tour of Oaxaca State in southern Mexico, said the plan had been suspended during the last administration but would begin again in early 1985 because of the need to combat the disease. Regarding the suspension of citrus fruit sales to the United States, he said the states most affected are Oaxaca and Michoacan, where the blight [words indistinct] large orchards of Mexican lemons. [Excerpts] Mexico City NOTIMEX in Spanish 2047 GMT 28 Dec 84]

CSO: 5400/2020

CANADA

CONCERN EXPRESSED OVER SPRAYING IN NEW BRUNSWICK

Toronto THE GLOBE AND MAIL in English 4 Dec 84 p.21

[Text] ESPANOLA, Ont.--Letters of concern from area citizens and nation-wide environmental groups are being directed to the Ontario Ministry of the Environment concerning the possible harmful health effects from the proposed spraying of Fenitrothion on about 500,000 hectares northwest of Espanola.

Fenitrothion is sprayed annually in New Brunswick, where numerous instances of Reye's syndrome--an often fatal disease which affects the brain, liver and kidneys--have developed in children.

However, there is no concrete evidence linking the spraying with the disease.

If the jack pine budworm's advances are not halted by spraying next spring, the lumber giant, E. G. Eddy Forest Products Ltd, could lose more than \$350 million in forest revenue by the end of 1985. Eddy is extremely eager to cure the problem, and Fenitrothion is the only insecticide licenced in Ontario for aerial spraying against the jack pine budworm.

Numerous mill workers, at risk to their jobs, have written to the environment ministry requesting that it licence a biological insecticide called Bacillus Thuringiensis for spraying against the budworm.

BT is a safer insecticide than Fenitrothion, said C. McGauley, head of the pest-control division of the Ontario Ministry of Natural Resources, because BT is a bacteria that will decompose without ill effects on the environment.

Fenitrothion will kill insects on contact, but BT must be ingested by the worms to ensure death, he said. BT is more than three times as expensive as Fenitrothion, and mill employees want the Government to pay for the spraying program.

CSO: 5420/14

ISRAEL

BRIEFS

CITRUS EPIDEMIC--A serious epidemic in the citrus plantations in the vicinity of Bet Lid is causing severe damage, and its spread is likely to cause the uprooting of hundreds and even thousands of dunams of groves. The epidemic, called Tristeza, is caused by insects. A few years ago the Tristeza epidemic wiped out the branches of citrus trees in Brazil and caused great damage. Officials from the Department of Plant Preservation of the Ministry of Agriculture localized the focus of the epidemic more than half a year ago in the vicinity of Bet Lid, and issued orders to uproot [the trees] as required by law. However, the owners of the groves until now have refused to uproot the trees, the only known method today for stopping the spread [of the epidemic]. Naftali Yaniv, spokesman for the Ministry of Agriculture, said, "The law requires that the orders for uprooting be carried out, and the Ministry of Agriculture will now investigate why these orders have not been carried out." [Text] [Tel Aviv MA'ARIV in Hebrew 6 Nov 84 p 6] 12799

CSO: 5400/4503

KENYA

BRIEFS

WORMS INVADE DISTRICT--Army worms have invaded farms in Siaya District, the District Agricultural Officer, Mr Richard Okello, has said. Mr Okello said the invasion was first reported in north and south Sakwa locations of Bondo Division early this week. He said other areas attacked included isolated cases in Bor Division and especially Siaya township. [Excerpts] [Nairobi DAILY NATION in English 4 Jan 85 p 12]

CSO: 5400/60

PHILIPPINES

TUNGRO VIRUS HITS ISABELA RICE CROP

Manila BULLETIN TODAY in English 10 Dec 84 p 8

[Article by Antenor B. Parazo]

[Text] Ilagan, Isabela--Gov. Faustino N. Dy has directed town mayors and local development officers in this province to conduct survey on the extent of tungro infestation "so that steps could be taken to get rid of this plant disease."

The governor was informed that the infestation has already spread to many towns of Isabela.

In radio message to the local executives, Dy advised them to consult with Leonardo Abarra and Severo Almazan, Ministry of Agriculture officers in Isabela, on the measures that could be taken to eradicate the disease.

Dy instructed Francisco M. Paredes, Isabela provincial development coordinator, to send out teams to the different municipalities to determine what places are hardest hit by tungro.

Unless immediate measures are taken to prevent the spread of the disease, Dy warned, "rice and corn production in the province will drop considerably to the prejudice of the nationwide food production program of the government."

The country is striving to come up with big rice harvest to "ensure a considerable surplus of rice to be exported to other countries," he said.

The intention of the government, Dy said, "is not only to attain sufficiency in rice but also to accumulate stocks for exports purposes and earn more dollars for the country."

Isabela, Dy said, has an annual palay yield of from 17 to 20 million cavans.

With irrigation water now provided by the Magat dam, Dy explained, Isabela expects to raise this output to 30 million cavans in the next five to seven years.

CSO: 4200/338

END